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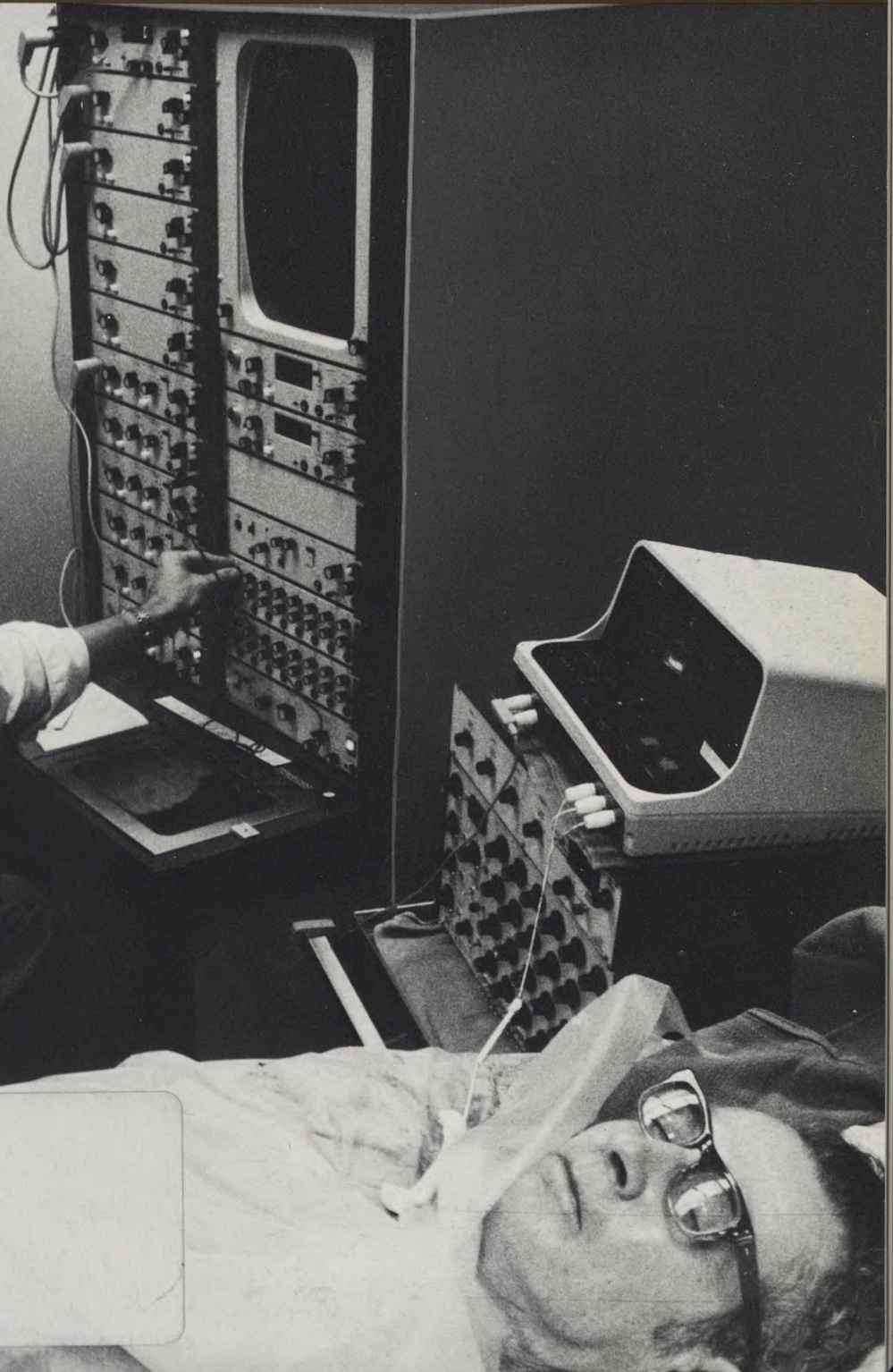
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The Jewish Hospital Of St. Louis

A Gift In Use: Proceeds from the Jewish Hospital Auxiliary's 1982 Clover Ball purchased this cardiac electrophysiological mapping equipment being used on patient Carl Henderson by William Southworth, M.D., and Roop Lal, M.D. A special pullout center section on the Clover Ball is included in this issue.



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A Community Publication

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Great emphasis is placed on recognizing, and meeting, patients' emotional needs — whether the patient is newly diagnosed, terminal or in remission.



The New Hope of Cancer

By Denise Pattiz Bogard

Eunice Richardson receives chemotherapy in the twice-weekly cancer clinic from Jilla Weiner, R.N., head nurse of medical clinical practice, and a comforting hand and interested ear from Mary Lou Bedient, ACSW, oncology social worker.

Daniel Parker represents a new breed of cancer patients—he is a survivor. Six years ago, at age 30, Parker was informed his prognosis was very poor. He was suffering the consequences of advanced widespread testicular cancer and was essentially inoperable. Fortunately for Parker, **William Catalona, M.D.**, joined the medical staff at that time and, having done testicular cancer surgery at Johns Hopkins, he opted to operate on the young patient. He performed what was then a new, state-of-the-art technique, removing 10 pounds of tumor, and referred Parker to a three-month experimental chemotherapy program at Indiana University in Indianapolis.

Parker continued receiving chemotherapy in St. Louis for two more years. He said the pain ceased after surgery, but the treatments made him weak and nauseated. "I was wiped out. I got down to 100 pounds, I had no hair. I looked like I was dying."

But Parker did not give up, he did not die, and last year he was proclaimed "cured"—a word most people do not associate with cancer. "The doctor told me that with cancer patients they usually do not like to use the word 'cure,' but in my case it's true. They call me a miracle case. I've read about me in *U.S. News & World Report* and heard about me on the television news. I am one of the first patients to be operated on, survive and be cured of this type of cancer."

Parker would no longer be considered a "miracle," but part of a majority. Ten years ago testicular cancer had one of the worst outlooks; today, that same cancer has an 80 percent cure rate. Approaches have improved since Parker's surgery, and, according to Dr. Catalona, patients now receive chemotherapy first, and surgery is only performed after assessing the results of treatment.

"The surgery and chemotherapy received by Parker were revolutionary," said Dr. Catalona. "If he had had the cancer just one year before, it would have been a death sentence. Cancer patients should be inspired by this kind of progress. Even if someone is given a poor prognosis, there is always the chance some new treatment will come around and change the outcome."

Predictions vary, but today's accepted figure is that one in four persons will be diagnosed with cancer at some time in his life. Despite tremendous advances, unfortunately, the disease still claims many lives. In 1982, 430,000 people living in the United States died of cancer—1,180 people a day, someone every 73 seconds. Given these statistics and the overwhelming cases ending in death, the very word "cancer" is terrifying and shocking, eliciting emotional responses that other chronically ill patients may not experience.

Needs in Cancer Patients

"We see many of the same needs in patients with cancer as with other illnesses, but one area where there is a difference is in that word cancer. It strikes fear—fear of the future, of the prognosis, treatment, side effects, changing roles and lifestyles. The anxieties can be so overwhelming in cancer

The very word "cancer" is terrifying and shocking, eliciting emotional responses that other chronically ill patients may not experience.

patients and families they can become debilitating," said **Mary Lou Bedient, ACSW**, oncology social worker at Jewish Hospital.

Just as oncologists have made tremendous advancements in the areas of medical care, they also have come far in understanding the critical relationship between attitude and recovery. For example, a

The New Hope of Cancer

Several local oncologists cited the comprehensive oncology program as the primary reason for admitting their patients to Jewish Hospital.

physician will have two patients with the same disease. One patient has given up, the other one is a fighter. The patient who is bed-ridden, not eating, non-ambulatory, does much worse with cancer therapy than the patient who gets out of bed each day, who won't give in, who has a strong support system. Knowing this, clinicians strive to provide the necessary emotional support.

Jewish Hospital prides itself on strong medical, nursing and psychosocial services offered to cancer patients. State-of-the-art surgery and treatments, specialists in all areas of oncology, advanced diagnostic radiology, infection control officers, access to national research protocols, and well-coordinated nursing and social work care all combine to make the oncology services comprehensive and encompassing. Great emphasis also is placed on recognizing, and meeting, patients' emotional needs — whether the patient is newly diagnosed, terminal or in remission.

For some cancer patients, these psychosocial needs may eventually surpass their medical requirements, as in the case of Daniel Parker.

"I still forget sometimes that people meeting me now don't think of me as a sick person," Parker said. "They just see 180 pounds and a full head of hair and a beard. But, for a long time I worried I wouldn't ever be attractive to women again.

"I know I am cured, yet at times I only remember the sickness. After coming back to work, people kept saying to me, 'Hey, I thought you died.' A statement like that takes a long time to get over."

Parker's cure has been widely studied with particular attention to his medical treatments. Similarly, much has been learned regarding his — and other survivors' — resultant emotional needs.

Thomas Deuel, M.D., discusses the Marilyn Fixman Cancer Center with other members of the Jewish Hospital Cancer Committee. Gary Ratkin, M.D., (right) chairs the committee.



"Cancer patients are living longer and many are surviving their malignancies. The days when everyone with cancer died in a matter of months are over," said **Alan Lyss, M.D.**, assistant professor of medicine in the division of hematology / oncology. "Patients are living longer with more needs. They have taught us a lot."

Meeting Needs

One of the most important lessons learned is an awareness of the devastating emotional impact a cancer diagnosis often has. For that reason, oncology specialists here abide by certain fundamental principles

for all patients, in addition to designing an individual approach to meet each patient's medical and emotional needs. The specialists are always honest with patients and families. They involve them in treatment plans. They help to educate patients about their disease. They work to minimize pain and discomfort. And, most importantly, they stay with the patients even when medical options are limited.

"The cancer patients and their families need to know you're going to be there. This may seem simple, but it is basic and very important," said **Jane Roodman**

Jane Roodman Weiss, R.N., on oncology rounds, reviews patient Eunice Richardson's condition, then takes several minutes to talk with her.



Weiss, R.N., oncology. "When our cancer patients need to talk, we listen. And we let them know we will be with them and we will accept them throughout their illness. We don't want them ever to feel isolated or abandoned."

"We focus on helping a patient believe he can still be the person he was," said **Sandy Siehl, R.N.**, oncology. "There is often a hopelessness with cancer. We try to help patients maintain optimism and a constant thread of hope."

Hope is instilled by success. Cancer is no longer synonymous with death; many

patients are surviving their disease. Furthermore, even while receiving treatments, patients today often can lead normal lifestyles and function in their usual

"Patients are living longer with more needs. They have taught us a lot."

roles in work and at home. One of the nurses' and social workers' functions is to introduce newly diagnosed patients to those who are successfully coping with their disease.

Marilyn Fixman Cancer Center

Hope also is instilled by confidence — a confidence derived by knowing that Jewish Hospital has a more comprehensive oncology program than many other hospitals in the country, said Dr. Lyss. Through the generosity of the Ben Fixman family and their friends, Jewish Hospital has been able to establish the Marilyn Fixman Cancer Center. Located in the Central Medical Building across from the hospital, the center is designed to bring together total care for cancer patients and their families. The program encompasses medical care and all back-up support such as specialized

nursing and social work; diagnostic radiology and radiation therapy; an active cancer committee; an eight-week support group, "I Can Cope," that is being expanded into the community and is available for all cancer patients and families; a Jewish Hospital-sponsored areawide Marilyn Fixman cancer conference; the twice-weekly cancer clinic, and strong ties with

"We never tell a patient there is *nothing* we can do. That's not true anymore."

community resource groups. In addition, hospital departments such as the dietitians, psychiatry, Hospice and home care are frequently called upon to help meet the wide array of needs.

Thomas Deuel, M.D., director of the Marilyn Fixman Cancer Center and of the division of hematology/oncology, said the center is evolving to encompass many on-going cancer services and future expansion of existing activities. "The center is a place where patients and relatives can come for help and to have questions answered. It combines, in one center, very important services."

Several local oncologists cited the comprehensive oncology program as the primary reason for admitting their patients to Jewish Hospital. "Services here are oriented towards the cancer patient. I think many of the physicians will tell you the social workers and nurses are very supportive to cancer patients and do a particularly good job. It is a lot easier to get things done for the cancer patient at Jewish Hospital," said Oncologist **Gary Ratkin, M.D.**

Sixty-two-year-old Verries Stephen, stricken with breast cancer, reaps the benefits of the hospital's medical expertise and emotional sensitivities. Mrs. Stephen does not expect to be cured; what she does expect is cancer control, honesty and genuine concern.

Resources for Cancer Patients

Jewish Hospital Home Care:

Provides continuity of care after discharge and supportive services for the family caring for the patient at home. Personnel available include nurses, home health aides, social workers, physical and occupational therapists, and Hospice volunteers. Physician referral required. Call 454-7031 or 993-4600.

Visiting Nurses Association of Greater St. Louis: Provides continuity of care for patients at home when located outside the boundaries of Jewish Hospital Home Care. Physician referral required. Call 533-9680.

Peregrine Society of St. Louis: Assists patients with cancer in St. Louis City and County. Provides transportation services for chemotherapy and radiation therapy, medication and analgesic injectables up to \$100 per month, sick room equipment, medical supplies and nutritional supplements. Call 781-6775.

American Cancer Society: Provides free literature regarding cancer and its treatment, active in-patient and professional education, and limited transportation reimbursement. Call 567-9730.

Citywide Transportation Service: Free transportation for city residents aged 60 and older or disabled. Five working days notice required for transportation. Call 382-7800.

Make Today Count: Monthly ongoing support group for people who have life-threatening illnesses.

I Can Cope: American Cancer Society-sponsored, eight-week education and support group for cancer patients and their families. Topics covered include disease process and treatment, nutrition, stress management, body image, community resources. Group meets at Jewish Hospital. Call 454-7463 or 454-8685.

Reach for Recovery: Trained volunteers, who also have had mastectomies, provide education and support to new mastectomy patients. The group also provides temporary prostheses. Physician referral required. Call 454-7130.

Ostomy Club: Sponsored by the Ostomy Association of Greater St. Louis to provide education and support for persons who have had colostomies, ileostomies or urinary diversions. Meets on the fourth Monday of each month at 7:30 p.m. in the Jewish Hospital Brown Room. Call 454-7000.

Leukemia Society of America: Provides free chemotherapeutic agents up to \$750 per year. Some transportation services available. Call 644-3633 (Missouri referrals), or 312-726-0003 (Illinois referrals).

Cancer Information Center: Free literature available. Located at Barnes Hospital, open from 10 a.m. to 2 p.m. Call 454-3640.


Lutheran Hospital Continuing Care Unit: Provides supportive care for the terminally ill patient when hospital and home are no longer appropriate. Physician referral required.

"When I entered this hospital I was feeling as down as I could be. I thought it was my last day," said Mrs. Stephen. "The doctors and nurses here built me up. I can talk to them. I needed someone to talk to. I know I'm not ever going to get over it, but they told me they are working to make me feel better, and that helps a lot.

"They tell me what they're going to do and they let me say how I feel about it. The most important thing is they are honest with me. I think I like that most of all."

The fight against cancer is far from over. The disease still claims many lives, at times debilitating families in the process. But there is new hope in all aspects of cancer — better diagnostic procedures, more effective

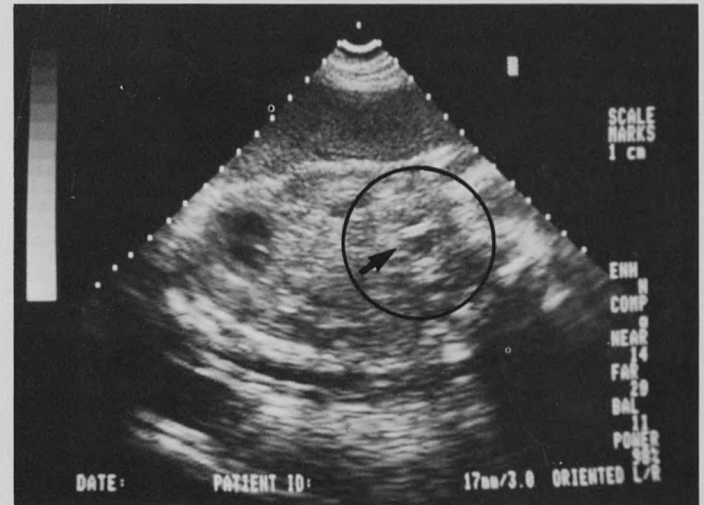
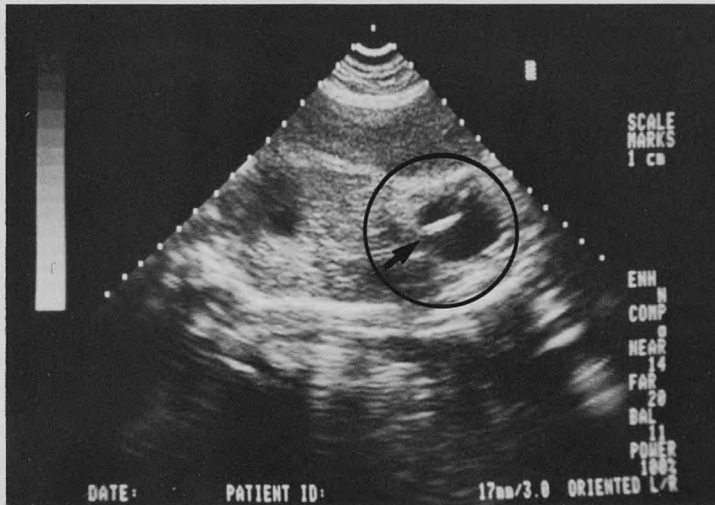
treatments, significant research results and a greater understanding of the cancer patient's many emotional needs. Because of this progress, cancer patients are living longer, they are living better, they are dying with dignity and they all are being given a fighting chance.

"We never tell a patient there is *nothing* we can do. That's not true anymore. There is always something we can do. We can help control pain, control symptoms, offer confidence. We can listen. We may obtain help from our social workers, nurses or dietitians. There is never nothing to do," said Dr. Ratkin. 

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Saving A Life Before Birth

Left photo, the catheter has been moved into the fetus' kidney, which is the large black spot (right center). Two hours later, right photo, the kidney has returned to normal size and is barely visible on the sonogram.



Call it luck. Call it woman's intuition. Call it a mother's instinct. But Elizabeth D. Coffey (Mrs. James) of South St. Louis knew, in her 27th week of pregnancy, there was something wrong with her child. This feeling ultimately saved her son's life.

Mrs. Coffey expressed concern to her physician. To put her mind at ease, a sonogram was performed. Sound waves, used to observe the fetus, showed that her baby had a distended abdomen and was suffering from "posterior urethral valves." This rare condition, in which a fold of mucous membrane rises and blocks the urethra, results in an enlarged kidney and is usually fatal moments after birth.

With this possibility in mind, Mrs. Coffey's doctor referred her to Jewish Hospital's **James P. Crane, M.D.**, chief of obstetrics/gynecology, and **Alfred B. Knight Jr., M.D.**, fetal-maternal medicine specialist. A prompt decision was made to perform a fetal operation, which would give the fetus time to mature so that it could be delivered alive and restored to normal.

Using an eight-inch needle, the doctors maneuvered a catheter through Mrs.

Coffey's abdomen and uterus and into the baby's bladder. The needle was removed leaving the catheter to drain the enlarged, blocked kidney. After a few hours, the fetus' kidney decreased in size, but swelled again six days later after the catheter fell out. A second attempt was made, this time using a special catheter that curls at both ends.


If Mrs. Coffey had waited just two weeks to have the sonogram, it would have been too late for her baby. "Ultimately, the kidney would have been destroyed, because there was no place for the urine to go," Dr. Crane said. Also, a decreased amount of amniotic fluid, made up mostly of the baby's urine, would have caused its lungs to develop improperly. Mrs. Coffey, reflecting on how she knew something was wrong, said: "I don't know if it was from God or if it was just mother's instinct. It's a miracle either way."

This "miracle" operation did have its risks, the greatest being the possibility of puncturing the umbilical cord two centimeters away. This would have caused the baby to bleed to death. "There's a great deal of anxiety associated with this procedure," Dr. Knight said. "You're trying, through all those layers, to hit

something that's the size of a plum."

In spite of this danger, Mrs. Coffey and her husband, James, agreed to the procedure because they realized that "the baby really didn't stand a chance if we didn't try it," Mrs. Coffey said.

Six weeks later, when Mrs. Coffey reached her 33rd week of pregnancy, the doctors determined that the fetus' lungs were mature enough to be delivered. The same day, four-pound, eight-ounce Roger, born by a Caesarean section, underwent surgery to make an opening from his bladder through the abdominal wall. He will have an operation at age 18 months to open his urethra.

The success of this revolutionary operation attracted local and national media to Jewish Hospital. In fact, **Raymond H. Wittcoff**, chairman of the board of Jewish Hospital, was happy to report that while in New York, he read the story in the *New York Times*, after it was picked up by the United Press International news wire. The story also appeared in the *Washington Post* and was broadcast by the Independent National News Network. Locally, all the major television stations and newspapers gave the procedure much attention. 

A short half-block walk puts Jewish Hospital visitors in the midst of the Central West End's Euclid Business District, where they can find a special book, plant or unusual gift item to cheer their hospitalized loved one.



New Life for an Old Neighborhood

by Linda Krohne Nitchman

The area surrounding Jewish Hospital, known as the Central West End, is emerging from a seven-year redevelopment effort with a blend of the older elegance that caused it to be declared an historic area, and a newer, chic ambiance. It has been referred to as a showcase for neighborhood redevelopment.

Years' accumulations of paint, wall-coverings and now-decaying modernizations have been removed to expose an earlier ornate construction. Sleek glass and chrome atriums rise to meet chiselled cherub angels dancing across marble cornices. Storefronts, apartments, homes, parks and streets have been returned to their previous grandeur.

Days of Grandeur

Most of the Central West End was developed between 1890 and the 1930s. A boom occurred around the time of the 1904 World's Fair, with urbanization reaching as far west as DeBaliviere Ave., the fair's main gate. Buildings in this period were constructed of quality brick and of interesting design. Many of the huge homes lining the private streets, such as Portland and Westmoreland places, were built in the early 1890s on ground platted from the old Cabanne dairy farm. From that time until the 1920s, these places represented one of the greatest accumulations of wealth in the United States.

The turn-of-the-century structures were large, single-family homes, but a later influx of institutional, commercial and multi-family buildings created a diversity. One outstanding architectural creation is the New Cathedral of St. Louis, at Lindell and Newstead. Groundbreaking ceremonies were in 1907 and construction was completed in 1926, just a year before Jewish Hospital moved to its present location. A combination of Romanesque and Byzantine styles, the cathedral is crowned by a

great dome inspired by a church in Constantinople, Istanbul.

CWE Changes

Changing social and economic factors caused the Central West End area to fall to urban blight, the way of many city neighborhoods in the nation. While Jewish Hospital and the Washington University Medical Center had become one of the country's foremost medical, teaching and research complexes, and one of the city's largest employers, the surrounding area had declined.

In 1951, Jewish Hospital considered a move to the University City loop where the Jewish population was concentrated. The

Under the warm glow of old-time street lamps, a cosmopolitan atmosphere prevails in evening hours.

hospital decided to remain in its present location and made a commitment to the city and to Washington University Medical Center.

In 1962, the medical center concept was created with membership including the Washington University Medical School, Barnes Hospital, Barnard Free Skin and Cancer Hospital, the Central Institute for the Deaf, Jewish Hospital and St. Louis Children's Hospital.

A major project of the WUMC board of directors led to the foundation of the Washington University Medical Center Redevelopment Corporation in 1973. The redevelopment project was approved by the city in 1975. It encompasses a 280-acre, 38-block area that includes residential rehabilitation and construction, retail revitalization, a new office and research park, circulation improvements, landscaping and design control. The city committed \$2,200,700 in Community Development Block Grant funds for these improvements.

The Washington University Medical Center Redevelopment corporation, with

delegates from the six member institutions, employs a full-time project director and staff. The board appoints a 13-member steering committee knowledgeable in the planning and development process to oversee staff activities. The WUMCRC is not a direct developer of the land, but, rather, uses its investment money to acquire properties where necessary and to assemble them for resale for prospective developers. The corporation also reviews and approves plans for each development and assists in relocating current residents, when necessary.

Since the project began, 454 housing units have been rehabilitated and another 292 built. The WUMCRC's Executive Director Eugene Kilgen estimates that 85 percent of the 1975 plan is complete. The effort has resulted in 3,750 new jobs due to new businesses coming into the area and medical center expansions, primarily the construction of a Blue Cross complex and a Monsanto laboratory.

Cosmopolitan Atmosphere

The business district, along Euclid and its side streets, has become popular for strolling and browsing in quaint shops. Antiques, books, fashion, fabrics, flowers and unusual giftware are among the business enterprises. By day, medical center employees, shoppers and local businessmen can opt for luncheon menus at one of the area's sidewalk cafés, weather permitting, or at a cornucopia of indoor restaurants.

Under the warm glow of old-time street lamps, a cosmopolitan atmosphere prevails in evening hours. In some of the most popular restaurants and bars in the city, college students from the nearby Washington University and singles and couples of all ages mingle with local celebrities and out-of-towners staying at the posh Chase-Park Plaza Hotel. A horse-drawn carriage waits for fares and the Mounted Police Division patrols.

New Life for an Old Neighborhood


The business district hosts several special events each year, including the Euclid Jubilee in the fall and a Christmas Walk in December. Quickly becoming a St. Louis

Most of the Central West End was developed between 1890 and the 1930s, with a boom around the time of the 1904 World's Fair.

tradition is Halloween in the Central West End, where many patrons arrive in costume for judging.

A parking shortage in the Euclid Business District currently is being studied, and renovation and new construction continue. Meanwhile, property values have

increased several-fold and the project has proved that major institutions can be a force for urban redevelopment of their surrounding areas. The Washington University Medical Center project is one of five in the country highlighted in an urban planning booklet "Design From Dollars," being published by the National League of Cities.

Throughout this redevelopment, Jewish Hospital has continued to make commitments to the area with structural expansions in 1954, 1960, 1967, 1971, 1974 and an addition to the parking garage this year. The hospital now provides nearly 3,000 jobs to the area. In return for this commitment, Jewish Hospital's patients and their visitors can enjoy a panorama of shops and restaurants, and even a park, all within walking distance. 



Top; In warm weather, sidewalk cafés present a pleasant change of pace. Center; A workman puts finishing touches on the new enclosed porch addition to the Central West End Café. At right; Dessert shops and restaurants make their homes in renovated buildings such as this one built in the early 1900s, now occupied by Second Cousin restaurant.

Throughout this redevelopment, Jewish Hospital has continued to make commitments to the area.



Top; Detail on renovated buildings recalls a more ornate era. At left; Benches circling the Maryland Plaza fountain provide a respite for shoppers and an excellent vantage point for people-watching. The cobblestone streets and antique street lights add to the aura of bygone days. Above; Cut-away curbs are incorporated into the redevelopment design to allow access for the handicapped. An antique dealer displays some wares on the sidewalk for passers-by to inspect.

Auxiliary Fall Meeting Exploring Depression



Top; Auxiliary President Phyllis Langsdorf (Mrs. Kenneth) presents Mabel Howell, retiring hospital vice president and liaison to the auxiliary, with a resolution conveying their esteem and respect for her "intelligent and objective advice, counsel, and guidance to our board." Mrs. Howell retired from the hospital on Oct. 15, after 15 years of service. Above; Guests were treated to a fashion show compliments of the Gift Gallery, with auxiliary members as models. At right; Dr. Reich discussed the symptoms of depression.

Depression, an illness that affects one in five women and one in 10 men in this country, was the topic for a panel discussion at the 1982 Jewish Hospital Auxiliary Fall Meeting on Oct. 13, under the co-chairmanship of **Jill Malley** (Mrs. W. Patrick) and **Karen Zorensky** (Mrs. Mark). Panel members **Theodore Reich, M.D.**, Jewish Hospital's psychiatrist-in-chief; **Richard Wetzel, Ph.D.**, associate director of the department of psychiatry, and **Barry Hong, Ph.D.**, a full-time attending psychiatrist and staff coordinator of the hospital's nephrology division, discussed the symptoms of depression as an illness.

Symptoms

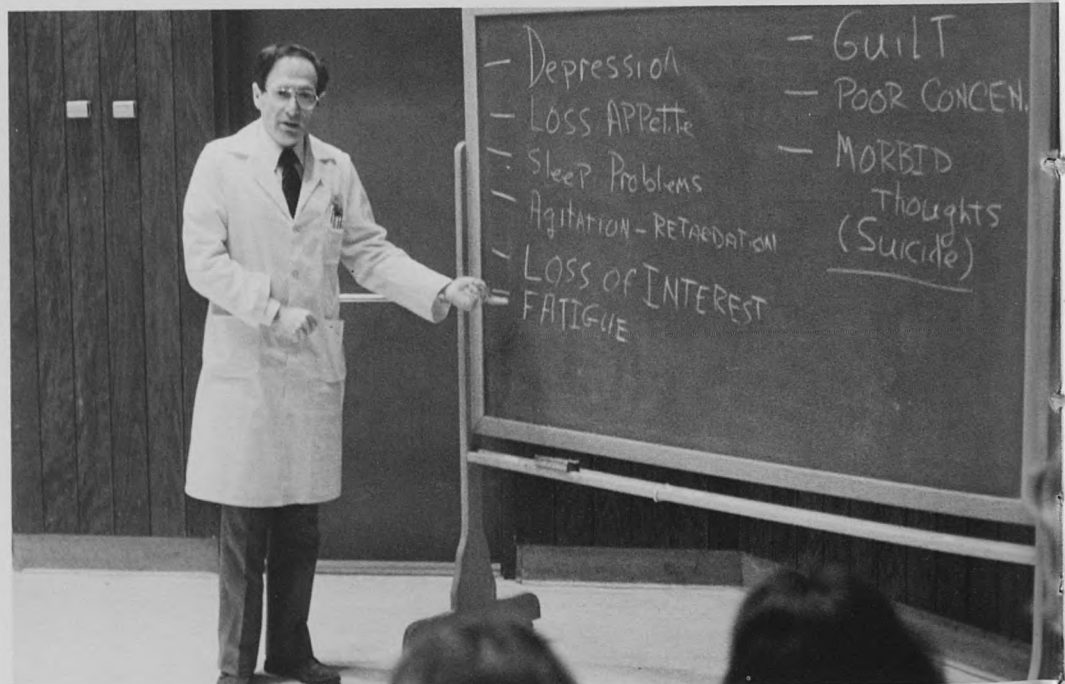
Identifying depression is of vital importance because it is very common, usually treatable and, if untreated, can cause a great deal of misery, according to Dr. Reich. Depression is characterized by the following symptoms: loss of appetite; sleep problems; agitated or retarded activity

levels; loss of interest (in everything); fatigue; poor concentration; guilt (self-blame; worthlessness), and morbid (suicide) thoughts.

These symptoms can range from reasonably mild to severe. A person experiencing some or all of these problems every day for two weeks to a month should be evaluated for depression, Dr. Reich said.

Depression is twice as common in women as in men. It can occur at any time from childhood to old age, but is more likely pre-menstrually and after certain life events, such as the birth of a baby or the death of loved one, and during a major medical or psychological illness.

Of those experiencing a major depressive episode, approximately one-half will never have another, and one-fourth will have only one more. Research to define the characteristics of people who have more or fewer episodes is underway at Jewish Hospital.





At left; Panel members, from left, Richard Wetzel, Ph.D., Theodore Reich, M.D., and Barry Hong, Ph.D., stressed the importance of treatment for depression. Below; A luncheon in the hospital's Brown Room followed the program.

Suicide

One of the concerns about the depressed person is the possibility that he may commit suicide, "the most important preventable cause of death we know of," said Dr. Wetzel, who specializes in suicide prevention. "About 80 percent of the people with depression will have thoughts of suicide. Most of them will think about it and be scared. Some will continue to think about it, which will scare them [even more] and they will get help. A few will think it's a good idea."

Two in 100 deaths in men and one in 100 deaths in women are ruled suicide by a coroner, although the actual number is higher, he said. Suicide statistics are changing in this country, with men in their late teens and 20s now committing suicide five times more than did the same age group 15 years ago.

Suicide is often preventable. Seventy to 80 percent of those contemplating suicide communicate their intentions before they act and one-third to one-half have made a prior non-fatal attempt. People who commit suicide talk about it for about four to six months before an attempt. Findings from studies show that they talk about suicide because: 1. they are preoccupied with it; 2. they want to prepare people for the eventuality of their death; 3. they are indirectly asking for help; 4. a few do it just to upset others.

"Any communication or suicidal attempt should be taken seriously. A very high ratio of these people actually do succeed," said Dr. Wetzel. "When anybody talks about it get them to a physician or let their physician know." Short-term studies show that people with depression severe enough for hospitalization will try suicide.

Alcoholic Depression

Alcoholism is another area related to suicide. One-fourth of all suicides are committed by alcoholics. The age group for

alcoholic suicides is about 10 years younger than depression-related suicides, according to Dr. Wetzel. Current difficulties in life — loss of a loved one, financial problems — seem to trigger alcoholic suicides, which usually occur while the person still has something left to lose, as opposed to the person who has nothing.

Attempted suicides are different from those that succeed in that they are not well planned. Half of the unsuccessful attempts were thought about for less than 20 minutes. The person often has experienced a major personal blowup on the day of the attempt. Drugs or alcohol are often involved. These persons are very treatable, but without treatment, many go on to successful suicides.

Medical Illness


Dr. Hong, a specialist in depression of renal patients, addressed depression in relation to medical illness, common in the aged and terminally ill populations. He said people often do not take seriously the symptoms of depression in people with a medical illness. These symptoms are hard to distinguish from the medical problem. The territory is uncharted and many people believe that depression is expected in medical illnesses. Of 400 patients with kidney failure, half had some symptoms of depression for a day or a week and 30 percent had major depression. Studies on the subject are still being conducted.

Symptoms of depression may not be taken seriously in the elderly because problems are expected in this age group. Dementia (loss of intellectual functions for organic reasons) is sometimes confused for depression. "Older patients might benefit from depression treatment. A person experiencing depression symptoms needs to be carefully evaluated," Dr. Hong said.

The doctors offered common sense courses of action to those whose loved ones are experiencing depression



symptoms: encourage the person to seek professional help; take these symptoms seriously; be patient with the person; be accepting; carry the conversation, if necessary, when talking to the depressed person; let him talk about his feelings of depression; reinforce feelings of hopefulness; try to do pleasant things with the person; express physical support; be gentle. If a loved one refuses to get medical help, enlist the aid of one or more family members, friends or professionals until the person is convinced. A question and answer period followed the presentations.

The business portion of the auxiliary's meeting was limited to recognizing retiring Hospital Vice President Mabel Howell, through a resolution, for her contributions as liaison to the auxiliary. Auxiliary President **Phyllis Langsdorf** (Mrs. Kenneth) also introduced the auxiliary's nominee for president, **Marcia Shapiro**, (Mrs. Robert), who will be installed next April. A luncheon and fashion show were held after the meeting. 

Associates in Medicine Program

The Sun: Delightful But Dangerous

Dr. Samuels fielded questions from an interested audience after his speech, which was augmented with a slide presentation.



The sun provides us with a pleasant environment in which to enjoy leisure time. Sun worshippers depend on its rays to give them that warm, healthy glow. But, the sun also may cause skin cancer, which results in unsightly lesions, at best, and death if not treated in time. At the Sept. 15 Associates in Medicine program, **Lawrence E. Samuels, M.D.**, spoke of the harmful effects the sun has on the skin and ways one can avoid disaster if skin cancer does occur.

The danger lies in the invisible ultraviolet light that permeates the earth's atmosphere. These ultraviolet rays enter the skin only a fraction of an inch. However, their effect is much greater. These rays are what cause the skin to burn and possibly develop basal cell and squamous cell cancers, the two most common types of skin carcinomas.

Early diagnosis is the best way to overcome these perils. "Skin cancer can be eradicated if caught soon enough," says Dr. Samuels, who is a diplomat of the American Board of Dermatology. "It is obvious that the deeper into the skin the damage is allowed to go, the harder it is to cure. If the carcinoma is identified when it is at the skin's surface, the prognosis improves 100 percent."



Fortunately, diagnosis is made easier because skin cancer has some visible warning signs. "Lesions and sores that don't seem to ever go away are the most obvious signals that something isn't right," Dr. Samuels says. A change in size or color of a skin lesion and development of bleeding or ulceration are other symptoms to look for. "Basal cell cancer can be particularly identified by the presence of pearly nodules on a lesion. Squamous cell cancers are usually found on sun-exposed areas and are nonhealing nodules, which may ulcerate at their center.


"A doctor's examination is the only way to diagnose skin cancer. So, a nonhealing skin lesion should be examined."

Susceptibility to skin cancer depends, in part, on a person's skin type. A blond, fair-skinned individual has a greater chance of developing skin cancer than a person with a darker complexion. "However, no one is out of reach from the rays of ultraviolet light, completely," Dr. Samuels says. The risk also increases with people who have certain underlying medical diseases. Individuals who take photosensitizing drugs, such as antibiotics or antibacterial agents, barbituates and birth control pills can also be more susceptible to harmful effects of the sun.

The approximately 60 guests who attended the first Associates in Medicine program of the season were served a variety of wines, cheeses and crackers.



With all these risk factors, it may seem that exposure to the sun should be avoided at all costs. "Not so," Dr. Samuels says, "you can expose yourself to the sun safely by using a little common sense and some special protection." Dr. Samuels recommends the use of sun screens. Zinc oxide, an opaque cream, works well on areas of greater susceptibility such as the nose, lips and behind the arms. When tanning is the goal, the use of a sunscreen that contains PABA (para-aminoabenzic acid) is desired to absorb ultraviolet rays and allow gradual tanning. "Sunscreens are rated by a sun protection factor (SPF). Those with an SPF of 15 allow maximum protection. Sunscreens with an SPF of 4 allow less. It is important to remember that these products should be applied frequently to have any effectiveness," Dr. Samuels advises.

The next Associates in Medicine program, scheduled for 7:30 p.m., Jan. 12, in the hospital's Brown Room, will feature Norman Druck, M.D., who will speak on "Hearing and Hearing Loss." The wine and cheese program is open to the public at no charge. Reservations are required; call 454-7239. 

At right; Home care nurse Jan Erwin, R.N., examines Bessie Jagust's feet during a routine visit to her home. Ms. Erwin also will check the patient's blood pressure, listen to her heart and perform any other care specified in the treatment plan.

Jewish Hospital's home care division provides skilled medical care to approximately 350 to 400 people in the comfort of their homes. Home care is based upon the idea that patients are happier and more relaxed in familiar surroundings, and, therefore, recovery is hastened.

Because home care is community-oriented, the division has moved to the Chai House, in the Jewish Federation's Millstone Campus at 10971 Schuetz Rd. near Lindbergh Blvd. The move will make more accessible the multi-disciplinary services provided to patients, according to **Shirley Seele, R.N.**, administrative coordinator of the division.

For patients whose needs can be met by the registered nurses, social workers, physical therapists, occupational therapists, lab technologists, respiratory therapists and home health aides, care at home is not only more comfortable, it is less costly than hospitalization. Also, because utilization review has shortened some hospital stays, home care is an alternate method of delivery for those who still need skilled services after discharge from the hospital.

Home care personnel use whatever is available in the home, modifying the environment when necessary and renting equipment when needed, such as hospital beds and walkers. Each case is individual and adapting the home is often a challenge, says Ms. Seele.

Patients Treated

Persons with many different medical problems are seen at varying intervals by the home care division personnel—recovering stroke victims, colostomy patients, diabetics, total parenteral nutrition patients and cancer patients are just a few. "It's not unusual for us to have almost any kind of patient, and we can care for them," says Ms. Seele. According to the treatment


Home Is Where the Care Is



plan, some may be visited several times a week, while others require visits only once every two or three weeks. There are short-term patients, who recover or learn to manage their illness by themselves, and those who are referred to home care specifically for terminal care. Hospice, a program that allows dying patients to remain at home, is an active part of the home care division.

To qualify, a patient must be referred by a Jewish Hospital staff physician. The case is reviewed by **Marti Figlioli, R.N.**, professional program coordinator, who evaluates whether skilled services are required and decides if the patient's needs can be met by the program. The patient must be home-bound and live in St. Louis City or County. Once a home care patient is accepted, a treatment plan is established according to his physician's orders. "The emphasis of

home care is total patient care, and in addition to meeting the patient's medical needs, the emotional, spiritual and financial needs are not overlooked. Social workers are available to assist and counsel the patient and family to provide for these non-medical needs, which influence the medical status and the patient's recovery or adjustment to illness," says Ms. Figlioli.

Teaching also is an integral part of the home care plan. One goal is to teach the patient and/or his family to manage the illness and achieve as much independence as possible. Each case is reviewed every 60 days by a committee headed by **Aaron Birenbaum, M.D.**, medical director of home care, to see that the goals of treatment are being accomplished and the patient still needs home care. Patients are discharged when treatment goals are accomplished. 

Celebrating With Flourish

Below; Rabbi Howard M. Graber, Ph.D., explained the symbols of Sukkot to Jewish Hospital medical staff members and employees. He displays the Lulav and etrog, symbolic of Israel's harvest and agricultural produce. Bottom left; Students from the H.F. Epstein Hebrew Academy decorated the sukkah in the Messing Courtyard in the Shoenberg Pavilion. Bottom right; Rabbi Graber conducts Yom Kippur services in the J.G. Probstein Chapel. Mrs. Anna Agris lights the candles at the beginning of the service.




Jewish Hospital commemorated the Jewish holidays this year with a flourish surpassing celebrations of years past.

Rosh Hashanah and Yom Kippur services were conducted for patients, visitors and employees in the J.G. Probstein Chapel, under the direction of Rabbi Howard M. Graber, Ph.D., director of the Central Agency for Jewish Education.

This year, for the first time, a prerecorded High Holiday service was shown on the hospital's educational television station, KARE-TV, Channel 8, bringing holiday observance to the patient's bedside. Rabbi

Graber and Cantor Leon Lissek, of B'nai Amoona congregation and the St. Louis Circle of Jewish Music, led the service. The shofar was blown, signaling the beginning and end of the 10 days of repentance.

The following week, students from the H.F. Epstein Hebrew Academy decorated the symbolic sukkah booth in the Messing Courtyard of Jewish Hospital's Shoenberg Pavillion. In celebration of Sukkot, the harvest festival, members of the medical staff and Jewish employees attended an open house held in the sukkah, during which Rabbi Graber explained the Jewish harvest symbols. The traditional honeycake and wine were served afterwards. 



Profiles in Jewish Hospital



J. Arthur Baer II

Working as an employee for the second largest retail department store in St. Louis for 35 years, and serving as chief executive officer for 15 years until 1976, in many ways, was an all-consuming lifestyle. Yet, J. Arthur Baer II has found the time throughout the years to volunteer his service to various charitable and civic organizations, among them, The Jewish Hospital of St. Louis Board of Directors.

He explained his 22-year hospital board membership: "I feel this is the single most important social service board I serve on because its activities are all for the good of mankind. I joined the board because my family has been represented on the Jewish Hospital board for many years, and I felt it was a great honor to be invited to be a member."

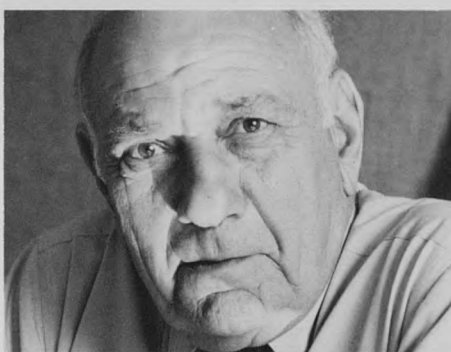
In recent years, Mr. Baer has served on the board's development and community relations committee and the building committee. He brings to the board his sound judgment as a leader in the retail business and "a certain perspective that being part of the business community offers." In return, Mr. Baer says he has received much personal gratification.

Mr. Baer says he has always felt that service to his community is important. His involvements, past and present, are too numerous to mention in full, but, to name a few: past president of Downtown St. Louis, Inc.; past president and chairman of Municipal Theatre Association; chairman of KETC-TV, Channel 9; chairman of St. Louis Council on World Affairs; Herbert Hoover Boys Club; St. Louis Area Council Boy Scouts of America; St. Louis Art Museum; St. Louis Symphony Society; boards of the Union Electric Co. and Mercantile Trust Co.; Mathews-Dickey Boys Club; Missouri Governor's Advisory Council on International Business Development; formerly St. Louis Civic Progress.

In addition, Mr. Baer has been decorated by France, England, Spain and several other countries for his work in retailing.

Mr. Baer left Stix, Baer & Fuller in 1976 to form J.A. Baer Enterprises, a management consulting firm. He says it is only since forming the firm that he has had time for hobbies, his favorites being sailing and golf. He considers himself an amateur gourmet cook and has authored a cookbook, *Dining in St. Louis*. He also collects "cubby bears," memorabilia reflecting his nickname.

Mr. Baer and his wife, Pat, have three children and four grandchildren.



Sam Langsdorf Jr.

Sam Langsdorf Jr.'s association with Jewish Hospital encompasses many areas: he has been a member of the board of directors since 1965, a life member since 1979; his printing business, Universal Printing Co., has worked with the hospital's publications and public relations departments throughout the years; his wife, Ellen, has performed extensive volunteer work for the hospital, presently with the auxiliary-sponsored Tribute Fund, and his daughter-in-law, Phyllis Langsdorf (Mrs. Kenneth), is the current president of the hospital's auxiliary.

In recent years, Mr. Langsdorf has served as a member of the professional policy committee and the research subcommittee. He says his real contributions of time and effort go back several years. He used to attend as many as three and four meetings here a week, and he was actively involved in the research committee's undertaking to give "seed money" to many of the then-young researchers. These physicians today are some of Jewish Hospital's finest investigators. "There always seemed to be certain challenges that needed to be met that kept all of us busy."

When asked about the changes he has witnessed over the past two decades, Mr. Langsdorf wiped his palm across his brow and shook his head somewhat incredulously. "Jewish Hospital is so tremendous now, it's hard to believe. I am continually amazed at the annual dollar budget of this hospital. I have seen what was always a fine hospital grow to a great hospital."

Mr. Langsdorf says he has enjoyed his board membership "tremendously" and has learned much over the years. "It takes about five years to even learn what is going on."

Mr. Langsdorf has also served on the boards of Country Day School and Shaare Emeth Temple. Most significant, though, is his creation and management of Universal Printing Co. from a business he began "on a shoestring" in 1938 to what it is today — one of the largest printing companies in the Midwest. He now serves as chairman of the board of Universal and leaves the day-to-day operations to son Tom.

Mr. and Mrs. Langsdorf, married 45 years, have two sons and five grandchildren. Mr. Langsdorf's favorite hobby, as evident by the many photographs that line the walls of his office, is fishing. One photo shows Mr. Langsdorf proudly displaying his catch — a 29 lb. striped sea bass. In addition, the Langsdorfs run a small antique business and exhibit their collections in shows.



Robert H. Shoenberg

The Shoenberg name has been closely associated with the Jewish Hospital for several generations. As long ago as 1920, Moses Shoenberg was involved with the operation of the hospital. Since those early years, Sydney M. Shoenberg Sr., and later, his sons, John M. Shoenberg, former hospital board of directors president, who died in 1974; Sydney M. Shoenberg Jr., and Robert H. Shoenberg have continued the tradition.

The family is known for its leadership effort in the operation of the hospital and its financial support resulting in the establishment of two chairs in medicine, a cancer research fund, and initial funding for the Sydney M. Shoenberg Pavilion, dedicated in 1974.

Robert Shoenberg joined the Jewish Hospital board of directors in January 1982 "to fortify the family tradition." He serves on the finance and budget committee.

Although Mr. Shoenberg is a new member of the board, he says he feels as if he has been part of the organization for a long time, hearing about it from his grandfather and from his father ever since he was a boy. He says that since joining the board, he has learned a lot about the economic and medical aspects of the hospital's operation.

Along with his family background, Mr. Shoenberg brings to the board his knowledge of the business world as a partner in Sydney M. Shoenberg and Company, an investment firm. With it, he offers a spirit of commitment "to give the board the very best I can for many years to come."

Mr. Shoenberg also serves on the board of directors of Center Trust Company, and is a vice president and 30-year board member of the Central Institute for the Deaf, a 25-year head of the Red Cross Disaster Corps, past vice chairman of Red Cross, past vice president and board member of the St. Louis Art Museum and past member of the Board of Children's Guardians.

Mr. Shoenberg is married and has three children.

Jewish Hospital News Briefs

Raymond H. Wittcoff, chairman of the board of the Jewish Hospital of St. Louis, has been elected chairman of the Washington University Medical Center board of directors. Also named to the board were **Edward B. Greensfelder** and **Lee M. Liberman**, both members of Jewish Hospital's board of directors.

Medical Staff Notes

W. Griffith Bowen, M.D., attended the American College of Cardiology convention on "Tutorials in the Tetons: Update in Cardiovascular Advances," Aug. 28-31, in Jackson, Wyo.

John Buerkert, M.D., co-authored a paper titled "Ammonium Handling by Superficial Juxtamedullary Nephrons in the Rat" with Daniel Martin and David Trigg for the July publication of the *Journal of Clinical Investigation*.

Raymond S. Dean, Ph.D., received an "Early Contribution Award" from the American Psychological Association, Aug. 25, in Washington, D.C. Dr. Dean addressed the association on "Neuropsychological Aspects of Prose Learning" and presented a paper, "Cerebral Laterality in Schizophrenia and Affective Disorders." He was elected to serve a two-year term as secretary-treasurer for the National Academy of Neuropsychologists beginning Sept. 1, 1982.

Alvin Frank, M.D., was elected to the editorial board at the American Psychoanalytic Association July Compendium on Psychoanalytic terms and concepts.

Jerome J. Gilden, M.D., attended a Pediatric Orthopedic Symposium on "Lower Extremity Problems and the Growing Hip: Advanced Concepts in Diagnosis and Management," Aug. 16-20, at Children's Orthopedic Hospital and Medical Center in Seattle, Wash.

Charles Goldman, M.D., recently was awarded the "Leon Fox Orthopedic Prize" for 1982 for having distinguished himself in his educational career. The award was established in 1978 by Annette Fox (Mrs. Leon) in honor of her husband, Dr. Fox,

past head of Jewish Hospital's orthopedic department, who was instrumental in building the department's residency program.

Randy Hammer, Ph.D., delivered a speech titled "Female Sexuality—Facts, Figures and Relationships," Sept. 14, to the National Council of Jewish Women evening group. Dr. Hammer was appointed to the task force on sexuality and disability of the National Rehabilitation Counseling Association (NRCA) in September.

John W. Hubert, M.D., received a fellowship from the American College of Cardiology and the American Heart Association Council of Clinical Cardiology.

Sidney Jick, M.D., internal medicine, has been elected president of the Jewish Hospital Medical Staff Association, effective Nov. 15, for a two-year term. **Richard Sisson, M.D.**, general surgery, retires as president. **Marvin Mishkin, M.D.**, orthopedic surgery, will serve as president-elect. Other new officers include: **Aaron Birenbaum, M.D.**, internal medicine, vice president; **Norman Druck, M.D.**, ENT, treasurer; **Robert Taxman, M.D.**, internal medicine, secretary.

Dov Kadmon, M.D., co-authored with W.D.W. Heston, M.D., and W.R. Fair, M.D., "Treatment of a Metastatic Prostate Derived Tumor with Surgery and Chemotherapy," for the June issue of the *Journal of Urology*, Vol. 127, pg. 1,238-1,242.

Alex Kaplan, M.D., is serving as president of the St. Louis Psychoanalytic Society, June 1, 1982 to May 30, 1984.

Sidney Kasper, Ph.D., delivered a speech on "The Psychologist as Expert Witness," for the Association of Defense Council, May 13. On May 6, Dr. Kasper talked on "Spoiling Children" at the United Hebrew Temple.

Thomas Lackner, Pharm.D., **Dianne Baldus, R.Ph.**, **David Butler, Pharm.D.**, **Gerald Kessler, Ph.D.**, and **Cheryl Amyx, M.T.**, will present a paper entitled "Lidocaine Stability in a Cardioplegic Solution" at the 17th Annual American Society of Hospital Pharmacists mid-year clinical meeting.

Marvin E. Levin, M.D., published a chapter titled "The Diabetic Foot: A Silent and Symptomatic Disorder in Diabetes Mellitus: Problems in Management."

Stanley London, M.D., attended a meeting on "Deficient Anterior Crevate Knee," Aug. 16-18, in Snowmass, Colo.

Paul Lowenstein, M.D., attended the American College of Angiology convention, Aug. 29 through Sept 3, in Minneapolis, Minn. The theme of the meeting was vascular diseases.

Alan P. Lyss, M.D., was appointed to the Cancer Committee of Jewish Hospital on July 20. He attended a convention of the Southeastern Cancer Study Group, June 20-24, in Sarasota, Fla., to discuss new approaches in cancer therapy.

John A. McDonald, M.D., participated in a panel discussion on the "Role of the Fibroblast in Pulmonary Fibrosis," at the National Institutes of Health Workshop, Sept. 14 and 15, in Bethesda, Md.

Diane F. Merritt, M.D., attended an American College of Obstetricians and Gynecologists conference on "Adolescent Gynecology," Aug. 18-20, in San Diego, Calif.

John S. Meyer, M.D., co-authored a paper on "Cellular Proliferation in Fibrocystic Disease of the Breast" with Robert E. Connor for the Aug. 15 issue of *Cancer*, Vol. 50, nr 4.

Neal Neuman, M.D., attended an endo-urology course in "Percutaneous Approach for Urinary Stone Removal and Kidney Drainage," Oct. 2 and 3, at the University of Minnesota Medical Center.

Kenneth L. Russ, Ph.D., attended the annual meeting of the American Psychological Association, Aug. 21-26, in Washington, D.C. While there, he chaired a symposium entitled "Cohesiveness and Divisiveness and State Psychological Associations: Models for Resolution," and also attended a post-doctoral institute entitled "Psychological Assessment in Medical Settings." Dr. Russ was elected to the American Psychological Association's Council of Representatives for a three-year

term, effective in 1983 as the representative from the Missouri Psychological Association. By appointment from Gov. Christopher Bond, Dr. Russ also is serving on the six-member State Committee of Psychologists, an arm of the Board of Healing Arts of Missouri. In addition, Dr. Russ was guest editor for a special fall issue of the Missouri Psychologist titled "Behavioral Medicine and Health Psychology."

Melvin Schwartz, M.D., attended a meeting on the "Use of Laser in Gynecology," Aug. 28, at St. John's Mercy Medical Center.

Samuel D. Soule, M.D., writes a column for *St. Louis Metropolitan Medicine*, "Our Medical Ancestors." This year's subjects included Richard Ferral Barret, M.D., Lewis Fiels Linn, M.D.; "The Cholera Epidemic of 1849, interesting trivia;" Victor John Fourgeaud, M.D., Montrose Anderson Pallen, M.D., "Medicine and Pharmacy — Charles Otto Curtman, M.D."

Robert D. Spewak, M.D., was elected clinical instructor of pediatrics for the St. Louis University School of Medicine.

Roger K. Stoltzman, M.D., co-authored a paper on "Evaluating the Diagnostic Interview Schedule, Version II: How Well Does It Make DSM-III Diagnoses" with L.N. Robins, J.E. Helzer, B. Singerman, K. Ratcliff for *Psychological Medicine*.

Michael Suden, D.D.S., attended the International Association of Hospital Dentists meeting on pathology, Aug. 26-29, in Toronto, Ontario, Canada.

Stanley Thawley, M.D., was appointed to the editorial board of *The Laryngoscope*.

Todd H. Wasserman, M.D., gave a speech titled "Report on European Clinical Trials with Radiosensitizers," for the Radiation Therapy Oncology Group, July 20, Philadelphia, Pa. He also spoke on "Clinical Trials of Hypoxic Cell Radiation Sensitizing Agents, including Results of Radiation Therapy Oncology Group" and "Clinical Application of Radiation Protecting Agents, including Preliminary Results of

the Radiation Therapy Oncology Group Studies" for the U.S./Japan Cooperative Cancer Research Program, Oct. 5, Kyoto, Japan.

Calvin Weiss, M.D., attended the Second International meeting of the American Association of Hospital Dentists in August in Toronto, Canada. Dr. Weiss was inducted as a fellow of the American Association of Hospital Dentists at the annual meeting and was elected regional vice president.

Jacob M. Zeffren, M.D., co-authored a paper on "Chemotherapy of Adrenal Cortical Carcinoma" with A. Yagoda for *Chemotherapy and Urological Malignancy*, 1982.

Amid the fine oil paintings, linen-clad tables and crystal chandeliers, Jewish Hospital emergency room nurses conducted a cardiopulmonary resuscitation (CPR) and first aid session for employees of Tony's restaurant. The waiters and chefs practiced the mechanics of CPR and the Heimlich maneuver for a choking victim.



The Shopping List



The Bronchoscope

The bronchoscope, a fiber-optic instrument that allows physicians to look into the lungs without opening the chest, has been around for about 10 to 15 years. As technology advances so does medical equipment. The bronchoscope's forerunner was a rigid, stainless steel tube that, when inserted for inspection of the lungs, caused the patient much discomfort. The instrument gave only a limited view into the lungs, but was considered a desirable alternative to major surgery.


The discovery of fiber-optics has simplified and improved diagnosis of pulmonary problems because bronchoscopy has become nearly pain-free and physicians are more apt to use it, according to **Robert Senior, M.D.**, co-director of the hospital's pulmonary disease and respiratory care

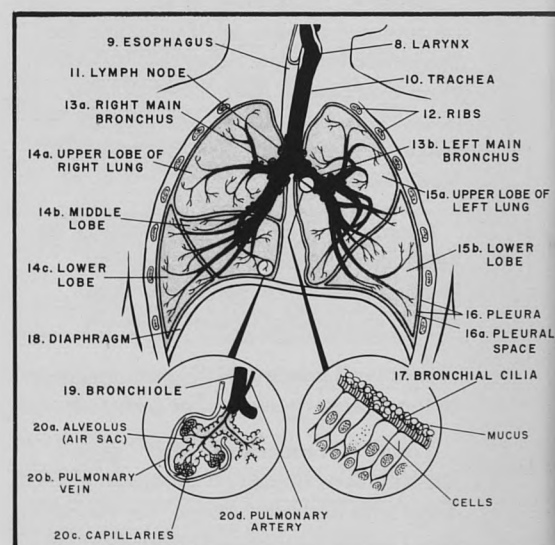
division. The bronchoscope is used to diagnose lung cancer or anything blocking the bronchi, such as a tumor or foreign body, to retrieve small pieces of tissue for examination, to help find sarcoidosis (inflammation of the lungs) and to remove secretions in the lungs.

Jewish Hospital's pulmonary division recently purchased one of these new, advanced bronchoscopes at a cost of \$5,200. The flexible hose-like instrument is a rubber-coated fiber-optic bundle with a lense and light on one end and a viewer on the other. The lensed end is introduced to the lungs via the nasal passage or mouth and the image is transmitted through a fiber-optic bundle to the viewer. The hose includes a suction chamber through which fluids and biopsy tissue can pass. The

suction hole on the new model is twice as large as those on older bronchoscopes, which allows physicians to retrieve larger biopsies and suction more fluid. The new bronchoscope also has greater flexing ability and can be maneuvered into the bronchi of any lobe of the lung.

Forceps for collecting biopsies and cytology brushes for performing cell washes can be passed through the suction hole. The hose is connected to a power source which produces the light and suction.

The bronchoscope is used between 10 and 15 times per month by the division's physicians, Dr. Senior; **Stephen LeFrak, M.D.**, co-director; **Edward Campbell, M.D.**; **Michael Lippmann, M.D.**, **John McDonald, M.D.** 



The large end of the bronchoscope, lower left, houses the viewer and the controls. The shorter hose, marked in sections, is fed into the lungs. A lens in the small end of this hose allows physicians to see inside the lungs. The other large end, upper right, plugs into a light and power source.

Reprinted with permission of the American Lung Association.



In an effort to provide high-quality medical services, The Jewish Hospital of St. Louis continually purchases new equipment. Because of the ever-increasing costs of medical supplies, gifts to the hospital, whether large or small, are greatly appreciated.

The Shopping List is a special feature citing particular items and their approxi-

mate costs, for which various hospital departments have indicated a need. The list specified areas in which contributions are most necessary to help offset the high costs.

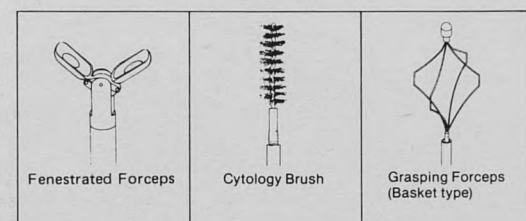
This list offers the community an idea of the many different pieces of equipment every department requires to function

efficiently, and also to allow prospective donors to choose a specific gift if they so desire.

Remember, the need is there. Your generosity could help save a life.

For more information on The Shopping List, contact the development office, 454-7251.

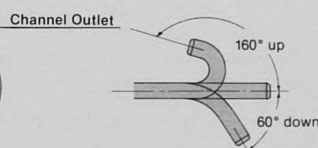
CONTROL SECTION



DISTAL END

Objective Lens
Fixed focus with field of view 3—50 mm.

Light Guide
Brilliant cold light is emitted for observation and photography.



BENDING SECTION

Pulmonary

Tonometer	\$2,195
Spirometer	\$2,025
Life Pack	\$6,985

SICU

Temperature Module	\$750
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Private Rooms

19-inch color televisions	(10 needed) / \$325 each
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Cardiovascular Surgery

Heart Viewing Camera	\$9,796
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Department of Education

Recording Resusci-Annie	(2 needed) / \$1,089 each
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Blood Bank

Patient Blood Cell Washing System	\$5,000
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Hematology

Microscope	\$2,055
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Microbiology

Incubator	\$4,750
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Renovation is taking place on the entire first floor of Jewish Hospital to create a consistent decor and to make the hospital more appealing for patients and visitors. The lobby furniture is being replaced, and the floors throughout the rest of the first floor are being carpeted, the walls covered and a new drop ceiling built. The hallway shown here is somewhere in between "before" and "after."

Contributions to Jewish Hospital Funds

Generous Contributions

Mr. and Mrs. Dudley J. Cohen have made a contribution to the Building Fund.

Barbara Cooper has made a contribution to purchase an intravenous pump for cardiac patients, in memory of her mother, Margie Tzinberg.

The J.D.C. Foundation and the Cohen family have made a contribution to the Building Fund.

The Estate of Pauline J. Godhelp has made a contribution to the Building Fund.

Mr. and Mrs. Edward B. Greensfelder have made a contribution to the Directors Fund.

Mr. and Mrs. Rodney D. Klein have made a contribution to the Building Fund.

The May Department Stores have made a contribution to the Tribute Fund in memory of Harry W. Loeb, for the Harry Loeb Equipment Fund.

Dr. Stanley M. Wald has made a contribution to the Natalie E. Wald Memorial Scholarship Fund, in honor of Mrs. Sara Eisenstein's 83rd birthday.



Special Gifts Donations

Harold Brod
Roswell Messing, Jr.

Mr. and Mrs. Joseph Senturia

Jewish Hospital School of
Nursing Class of 1982
Mr. and Mrs. Israel Treiman

Building Fund
Equipment for Departments of Nursing and
Ophthalmology
(Tribute Fund)
Rebecca Senturia Memorial Library Fund

Nursing Library Fund
(Tribute Fund)
Jewish Hospital Chapel Fund

Special Gifts In Memory Of

Betty Boeck

(Tribute Fund)
Lisa Bry-James Dreyer Memorial Fund
M. Erwin Bry
Tribute Fund

Edna Boone

Mrs. Dora Hurst

Ann Brand

(Tribute Fund)
Oscar Brand Memorial Fund
Bethlehem Steel Corporation
Dr. and Mrs. Michael Gerber
Mr. and Mrs. Jack A. Valoon

Mary Fetch

(Tribute Fund)
LaVera Ryder Nurses Loan Fund
Mr. and Mrs. R. J. Molamphy
Overland Park Chamber of Commerce
(Tribute Fund)

Sheila Fiman

LaVera Ryder Nurses Loan Fund
Jerry Fiman and Family
Ms. Dean Shaw
Mr. and Mrs. Jerry Stoliar and Family
(Tribute Fund)

Frances Kramer

Mr. and Mrs. Louis I. Zorensky

Harry W. Loeb

(Tribute Fund)
Harry Loeb Equipment Fund
J. Warren Harris, Richard L. Battram, and
Employees of Famous-Barr
Mr. and Mrs. Al Loeb
Dr. and Mrs. Henry Loeb
Mrs. Harry W. Loeb
Mr. and Mrs. Jerome T. Loeb
Louis Loeb
Mr. and Mrs. Albert Werthan
(Tribute Fund)
Mrs. Harry Moll

Harry Moll

Gordon Frieson, explains the design concepts he originated and employed for the nursing divisions in the Shoenberg Pavillion to (from left): Brenda Ernst, R.N., vice president; Elaine McClure, R.N.; James Hepner, director of Washington University Health Administration and Planning Program; Lisa Rosenfeld, director of planning; Dan Mohrman, vice president. In the foreground is David Evans, R.N., head nurse, division 6800. Frieson, who was a guest lecturer at Washington University's school of architecture and health administration graduate school, designed the divisions, utilizing a central conference area and four nursing substations.

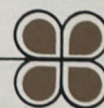




Clover Ball '82







Where Elegance Reigned

By Denise Pattiz Bogard

Superlatives cannot accurately describe Clover Ball '82. Elegant, stunning, opulent—these adjectives do justice to the decor, the ball gowns, the overall ambiance. But they do not encompass the sheer *fun* of the evening, nor the overriding worthiness of the event.

Clover Ball '82 was attended by 1,196 persons, a sell-out after only several weeks of ticket sales. Together, the attendees' pledges surpassed the \$200,000 goal, enabling the

Jewish Hospital Auxiliary to purchase and donate advanced diagnostic cardiology equipment.

The pouring rain outside on the evening of Saturday, Nov. 20 didn't dampen the spirits within. A few women entered the Chase-Park Plaza with wet ringlets, most, though, found protection under the large umbrella of the valet waiting to greet arrivals at the front entrance.

A jovial mood prevailed, not unhampered by the hour-long cocktail party and open bar throughout the night. In

addition, wine was poured in abundance, white with the opening courses of avocado bisque with red caviar, puff-pastry swans filled with seafood newburg and a palate-cleansing yellow and green lemon sorbet. Red wine accompanied the medallions of beef tenderloin in marchand de vin sauce and an array of vegetables including Canadian fiddleheads, artichoke bottoms and a rosette of carrot pudding. Crepes Suzette was served for dessert, followed by platters

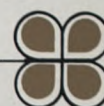
of assorted fruits and cheeses, and clover leaf designed after-dinner mints.

The decor was breathtaking, creating an aura of an early morning forest and casting a cool, spring-like fresh air throughout the large Khorassan Room of the Chase-Park Plaza. On each table were huge topiary trees of shiny green leaves, accented with white spider mums. The bases of the trees were balled and wrapped in persimmon moire and tied with cords of gold and white.



Opposite page: Committee members worked up to the last minute arranging all details for the Clover Ball. At left; The Chase-Park Plaza waiters and waitresses were given strict instructions on how to set the tables and serve the guests for the six-course meal. Above; A valet met each car at the door with greetings and a large umbrella.





All was the brilliant work of florist Ken Miesner of Plaza Frontenac. As an added touch, starched white napkins cascaded swanlike from wine glasses to contrast with the persimmon moire tablecloths.

This year's Clover Ball, in keeping with the four balls of years past, provided a showcase for some of the most spectacular dresses to crown the St. Louis social scene. Off-the-shoulder gowns with billowing taffeta skirts swept the dance floor, reminiscent of the Civil War era. Velvet, satin, chiffon and sequin graced the setting, complimented by the traditional, undisputably handsome black tuxedo attire of the men.

At midnight, Peter Duchin and his orchestra ceased

playing for the first time all evening, and the Co-chairmen **Helene Goldstein** (Mrs. Irving) and **Marlene Isaacs** (Mrs. John III), together with Auxiliary President **Phyllis Langsdorf** (Mrs. Kenneth), announced the winners of the door prizes. **Dr. and Mrs. Sidney Jick**, the grand prize winners, will be travelling to London for a six-night stay at the luxurious Athenaeum Hotel, compliments of Aldine Travel, Inc. **Dr. and Mrs. Robert Kaufman** won the 14 Kt. yellow gold ladies Concorde watch with a 14 Kt. yellow gold bracelet, compliments of Simons. The classic 14 Kt. yellow gold and diamond sunburst pin/pendant with nine full cut diamonds, donated by Antoinette's Heirloom

Jewelry Inc., went to **Mr. and Mrs. John Dubinsky**. Gucci of Plaza Frontenac donated a three-piece set of Gucci luggage to **Mr. and Mrs. Irwin Mohr**. **Dr. and Mrs. Ira Kodner** won a collection of Louis Vuitton accessories from Saks Fifth Avenue. **Mr. and Mrs. Paul Cahn** won an original bronze sculpture by Alan Budd Lewin, donated by Mr. and Mrs. Alan Budd Lewin. **Mr. and Mrs. Lee Kaufman Jr.** were winners of the Neiman-Marcus-donated Waterford crystal bowl.

When Duchin and his orchestra put down their instruments at 1:30 a.m., an hour beyond the originally appointed time, the dance floor was still filled with couples, weary from dancing to five hours of continuous music, but enjoying

themselves too much to quit.

The Culmination of Efforts

The Clover Ball takes place once every five years; the planning efforts proceeding the event take nearly half that time. For two years, committees frequently meet to organize every minute detail to entertain and serve 1,200 guests and to raise funds to present the hospital with a necessary gift to help advance medical care. Not an easy task.

Though many people should be credited with working towards making Clover Ball '82 the success it was, the greatest credit goes towards the two co-chairmen, Mrs. Goldstein and Mrs. Isaacs. In the aftermath of the ball, both women breathed tremendous sighs



Opposite page: Each of the 118 tables was decorated with large topiary trees and mums and swan-like starched napkins to create a forest-like atmosphere in the Khorassan Room. At left: An hour-long cocktail party preceded dinner.





of relief and expressed much satisfaction.

"I think the ball was super fantastic. It was a team effort and it showed," said Mrs. Goldstein. "It went beyond our expectations."

Mrs. Isaacs echoed the sentiment. "I think everything was absolute perfection. Of course there were a few minor incidents, which have to be expected when you are entertaining 1,200 people. But, in general, the evening was even more than I could have hoped for."

Of significant pride and

accomplishment, the proceeds from Clover Ball '82 will exceed the goal of \$200,000, enabling the auxiliary to purchase for the hospital an electrophysiologic mapping system and a mobile, semi-computerized echocardiograph. The electrophysiologic mapping system provides a crucial aid for the relief of the dangerous arrhythmia, an electrical derangement of the heart that causes rhythm disturbances and ineffective heartbeats. The echocardiograph allows more rapid

detection of a variety of heart abnormalities and determination of surgical or medical treatment.

Mrs. Isaacs said she is particularly pleased because the proceeds will pay for the entire purchase of both pieces of equipment. Mrs. Goldstein added, "I am really very happy that the equipment will benefit so many people and that people responded so well (to the fund raiser)."

"We have always had a big response from the community for the Clover

Ball," said Mrs. Isaacs. "I think the community has come to look forward to and anticipate the ball every five years."

Why not? The food was delicious, the decor exquisite, the evening fun and the cause worthwhile. Besides which, as many people were heard to say throughout the evening, "This sure was a great party." From this party, equipment will be purchased and lives saved. By any standard, Clover Ball '82 may be considered a definite success.

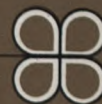


Opposite page; Ball gowns, tuxedos and furs added to the decor and elegance of the evening. At left top, (from left) Helene and Irving Goldstein, John and Marlene Isaacs III, Phyllis and Kenneth Langsdorf. Below left; (from left) Ann Lux (Mrs. Paul), vice chairman; Ginny Rosenberg (Mrs. Harry), vice chairman; Marlene Isaacs (Mrs. John III), co-chairman; Letty Korn (Mrs. Jeffrey), vice chairman; Helene Goldstein (Mrs. Irving), vice chairman, and Charline Baizer (Mrs. Richard), vice chairman.



By a printer's error, the names of two Golden Clover couples were inadvertently omitted from the Clover Ball program. Dr. and Mrs. Llewellyn Sale Jr., and Mr. and Mrs. Harvey Saligman should be included in the listing of Golden Clovers. In addition, the name of Mrs. Herbert Weinstock was accidentally omitted from the list of contributors. Dr. and Mrs. Alfred Fleishman, Friends of the Clover Ball, were incorrectly listed as Mr. and Mrs. Alfred Fleischman. We regret the errors.



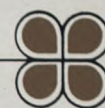


Opposite page: Recipients of the cardiology equipment: Robert Kleiger, M.D., acting director of cardiology and head of the graphics laboratory (left), and Rodolphe Ruffy, M.D., head of the electrophysiology laboratory. At left: Tables of eight, nine and 10 persons were seated together for dinner. Below left: Smiles and laughter abounded. This year's Clover Ball, in addition to everything, was a lot of fun. Below: (From left) Raymond H. Wittcoff, chairman of the Jewish Hospital Board of Directors; Joy Rice, hospital board member; Samuel B. Guze, M.D., president of the Washington University Medical Center and vice chancellor for medical affairs, and wife Joy Guze.





Peter Duchin and his orchestra
played continuously from
7:30 p.m. to 1:30 a.m.



Clover Ball '82 Committee

Co-Chairpersons

Helene Goldstein (Mrs. Irving)
Marlene Isaacs (Mrs. John III)

Vice Chairpersons

Charline Baizer (Mrs. Richard)
Letty Korn (Mrs. Jeffrey)
Ann Lux (Mrs. Paul)
Ginny Rosenberg (Mrs. Harry)

Committee Members

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Grace Brod (Mrs. Robert)	Peggy Ross (Mrs. Donald)
Shirley Cohen (Mrs. Stanley)	Patricia Scherck (Mrs. Gordon Jr.)
Lillian Dickler (Mrs. Donald)	Nancy Senturia (Mrs. Ben)
Bobby Erlich (Mrs. Morris)	Audrey Shanfeld (Mrs. Clifford)
Brenda Ernst (Mrs. Michael)	Marcia Shapiro (Mrs. Robert)
Roxanne Frank (Mrs. Alvin)	Barbara Shifrin (Mrs. Edwin)
Connie Fry (Mrs. Sylvan)	Marcee Silverstein (Mrs. Merle)
Joan Goldstein (Mrs. Mark)	Noma Simon (Mrs. Arthur)
Carol Jacobson (Mrs. Sidney)	Mitzi Sisson (Mrs. Richard)
Virginia Klein (Mrs. Richard)	Judy Smith (Mrs. David)
Katherine Kline (Mrs. Richard)	Daisy Spitzer (Mrs. Jerry)
Barbara Kodner (Mrs. Ira)	Jo Ann Steinbaum (Mrs. Harlan)
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Sandy Levy (Mrs. Lawton Jr.)	Beverly Tober (Mrs. Charles)
Barbara Lowenbaum (Mrs. Ralph III)	Pam Toder (Mrs. Craig)
Jill Malley (Mrs. W. Patrick)	Mimi Vittert (Mrs. D. Bruce)
Donna Multin (Mrs. Stanley)	Barbara Wagman (Mrs. H. Lee)
Donna Nussbaum (Mrs. William)	Ellen Weiss (Mrs. Sanford)



William Peck, M.D., physician in chief, and wife, Pat, were two of the many who spent much of their evening on the dance floor.



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Selma Gidlow (Mrs. Elmer)	Vice President
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Leslee Levey (Mrs. Lewis)	





The Clover Ball Philosophy

Every five years since 1962, the Jewish Hospital Auxiliary has sponsored the Clover Ball—a major fund-raising event designed to elicit community support for the hospital and to offer an evening of elegance and fun.

To understand the philosophy behind the ball, an event that requires two years of hard work and meticulous planning, it is necessary to also understand the basis behind all endeavors of the auxiliary. Jewish Hospital's 3,000-member auxiliary works, as stated in the organization's by-laws, "to promote and advance the welfare of Jewish Hospital" and to publicize the "interpretation of the hospital to the public through service to the hospital and patients, and through fund raising in a manner befitting the community and the hospital itself."

When a group of auxiliary members decided in 1960 to promote Jewish Hospital with a Clover Ball, they based their guidelines on the principles of the organization, said Phyllis Langsdorf (Mrs. Kenneth), auxiliary president. The ball committee decided to hold the event only every five years and to invite the

community to participate in the fund-raising efforts. "They wanted an affair that would be held with regularity but not yearly, so they could ask the community for support," Mrs. Langsdorf said. In addition, in keeping with the auxiliary philosophy to provide a service to the hospital, the original—and all subsequent—ball committees established a detailed project evaluation process to determine what medical need they would meet with proceeds of the ball.

Each ball has been a success in all areas—widely attended and supported, each raising the projected goal and each contributing to the purchase of major

medical equipment or service for Jewish Hospital. In addition, Mrs. Langsdorf said, "For each ball, everyone who attends feels good about the evening and what the ball does for the hospital. People there are cognizant that their money is being used for a good purpose. Sure, they are there for a good time, but that is the secondary purpose."

In 1962, under the chairmanship of Jimmie Shoenberg (Mrs. Sidney Jr.), the ball proceeds went towards new psychiatry department offices. The 1967 Clover Ball, chaired by Marge Loeb (Mrs. Harry), funded the medical intensive care unit. Under the chairmanship

of Elizabeth Ruwitch (Mrs. Joseph), the 1972 ball contributed an expanded emergency observation unit. The 1977 Clover Ball was chaired by Shirley Cohen (Mrs. Stanley) and Judy Smith (Mrs. David), contributing money towards a CAT scanner. This Clover Ball, chaired by Helene Goldstein (Mrs. Irving) and Marlene Isaacs (Mrs. John III), resulted in proceeds of more than \$200,000 to purchase two pieces of advanced diagnostic cardiology equipment.

Mrs. Langsdorf said the auxiliary is particularly proud that it has always sponsored Clover Balls that have "met the approval of the hospital's board of directors."

The Clover Balls, like the Jewish Hospital Auxiliary itself, are guided by distinction, concern, a consciousness towards meeting needs and saving lives, and the added bonus of enjoyment.



Opposite page: At midnight, (from left) Phyllis Langsdorf, Helene Goldstein and Marlene Isaacs drew names out of a box and announced the lucky winners of door prizes. At left; An excited Dr. and Mrs. Sidney Jick receive their coupons for the grand prize—a six-night stay in London.





Joseph Oertig	(Tribute Fund) Dr. Ralph Graff Cancer Research Fund Mr. and Mrs. Albert I. Graff
Dr. David Rothman	(Tribute Fund) Dr. David Rothman Fund Dr. and Mrs. Robert Becker Dr. and Mrs. Albro Tobey
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A New Attack on Blocked Arteries

By Patti Smith



The cardiac catheterization team works efficiently and with confidence in the new procedure.

An aura of speculation and excitement has permeated the Jewish Hospital's cardiac catheterization laboratory the past few months. A new non-surgical invasive procedure is being performed there that, for certain patients, may eliminate the need for cardiopulmonary bypass surgery. Its name is percutaneous transluminal cardiac angioplasty — a difficult title for a technique with a fundamental purpose, saving lives.

Better known as angioplasty, this therapeutic approach helps blood flow freely again in those suffering from arteriosclerosis, an obstructive coronary artery disease. This common condition restricts the blood flow to the heart, causing considerable pain and, if not treated, results in heart attacks. The conventional treatment for those who do not respond to medication has been cardiopulmonary bypass surgery. Now,

angioplasty may serve as an alternative. "This new technique isn't a cure for arteriosclerosis, but it does serve to mitigate its effects, return some people to a normal lifestyle and, in some cases, eliminate or delay the need for bypass surgery," says **Ronald Krone, M.D.**, director of the cardiac catheterization laboratory and stress laboratory.

Angioplasty was developed by Andrea Gruentzig, M.D., a Swiss cardiologist and professor of medicine at Emory University School of Medicine in Atlanta, Ga. Dr. Gruentzig performed the initial angioplasty in 1977 in Zurich, Switzerland. It was first done in the United States in 1978 in San Francisco and New York. Now, most major health care facilities in the United States, including The Jewish Hospital of St. Louis, offer angioplasties.

Left; The doctors maneuver the guiding catheter through the patient's heart chamber, after locating the blocked artery.

A New Attack on Blocked Arteries

The primary success rate of angioplasties since 1977, measured by the balloon catheter's ability to pass the lesion, has increased from just under 85 percent to more than 90 percent.

Below; The doctors watch their efforts on a television screen, which archives the procedure for later reference. Bottom; William Conn, three months after receiving the emergency angioplasty credited with saving his life.

The Procedure

The primary goal of angioplasty is to unblock or open up an arteriosclerotic artery to permit a sufficient flow of blood to the heart muscle, both at rest and during exercise. The procedure is performed in Jewish Hospital's cardiac catheterization laboratory. First, a patient who is thought to have a coronary artery disease must undergo a coronary angiogram to determine if a partial blockage of one of the coronary arteries is responsible for his symptoms. Then, Dr. Krone and **Ali Salimi, M.D.**, associate director of the cardiac catheterization laboratory, introduce a guiding catheter through the groin, into the aorta and to the origin of the narrowed artery. A small, thin dilating catheter is directed into the artery itself and across the narrowed segment. At the tip of this tube is a small balloon, which, when positioned correctly, is inflated from three to 3.7 centimeters in diameter. As it expands, the balloon pushes the soft cholesterol deposits that block the artery to the sides of its walls, enabling blood to flow

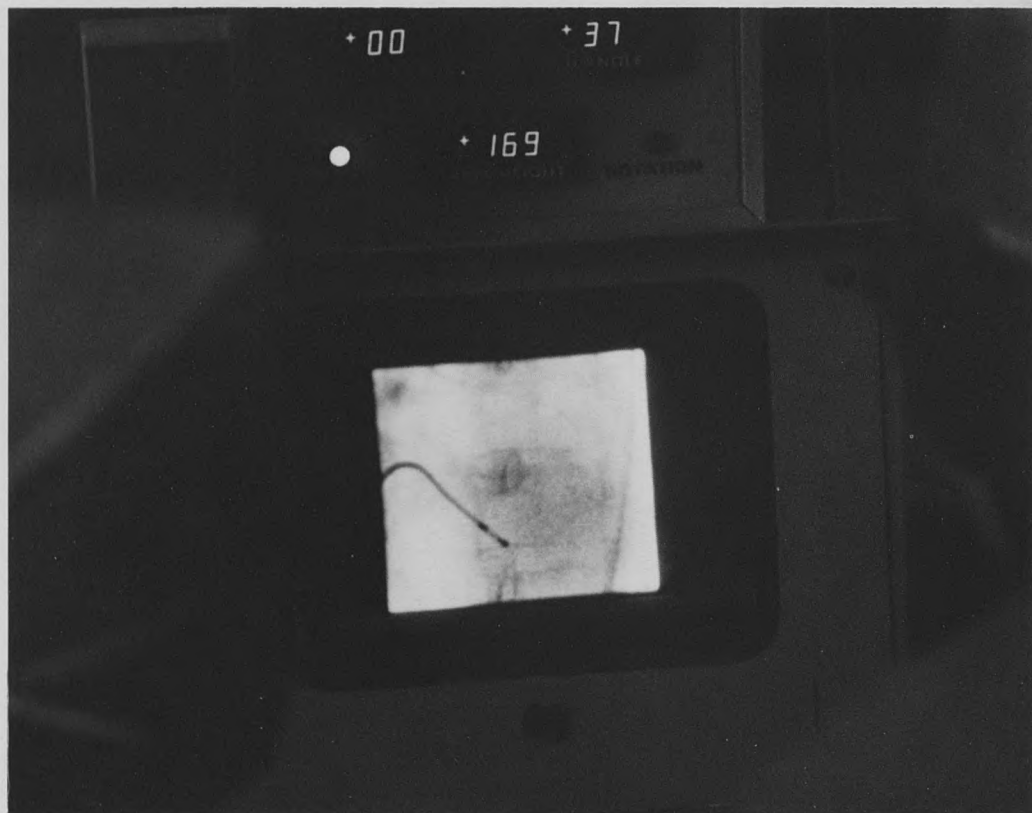
Full visualization of the angioplasty is made possible by the new radiology equipment in the catheterization laboratory.

through the once impassable artery. Except for the introduction of the catheter in the groin, the procedure is painless and the patient, although sedated, remains awake and is able to communicate with the catheterization lab team.

Full visualization of the angioplasty is made possible by the new radiology equipment in the catheterization laboratory. "The highest quality radiology equipment is required in order to visualize the tiny guide wire," Dr. Krone explains.

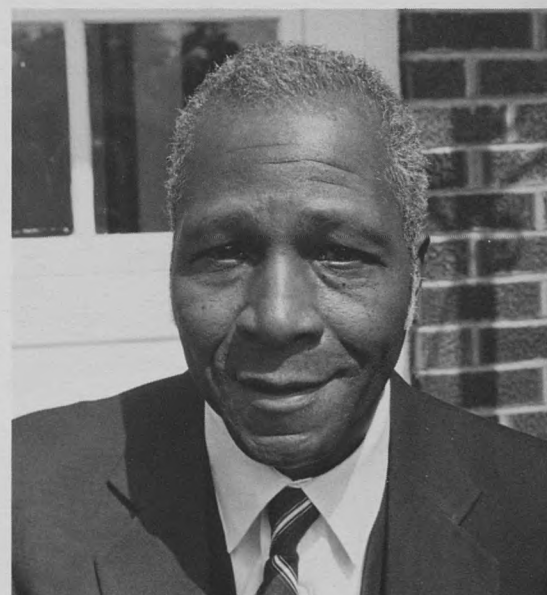
A Notable Success Rate

The primary success rate of angioplasties since 1977, measured by the balloon catheter's ability to pass the lesion, has



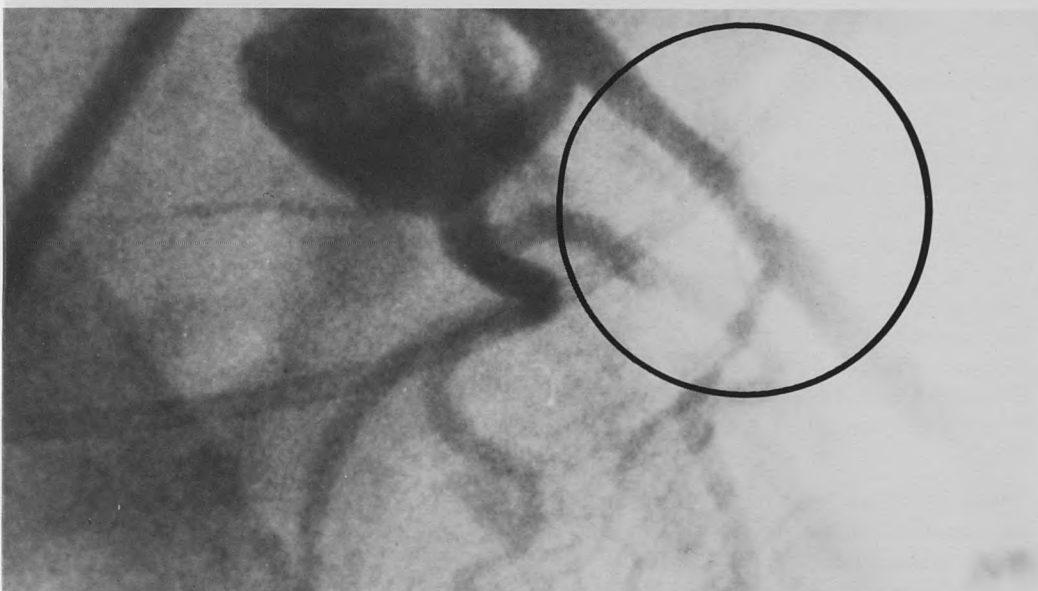
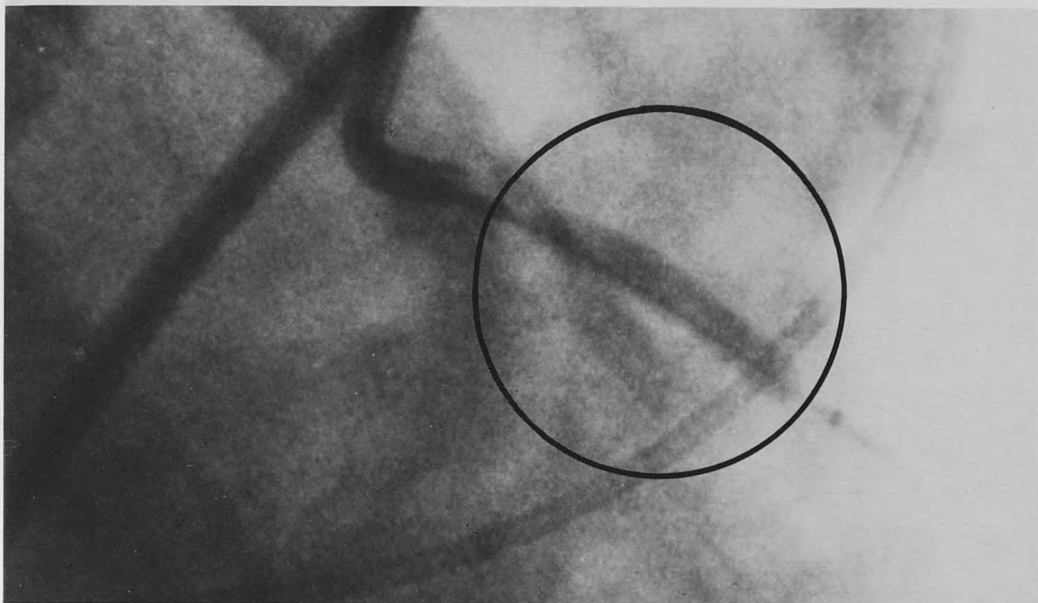
increased from just under 85 percent to more than 90 percent. Since the procedure began at the Jewish Hospital in June, 1982, 12 angioplasties have been attempted with 10 primary successes. "The unsuccessful patients had bypass surgery successfully and one of the initial successful patients had recurrence of symptoms and had bypass surgery later," Dr. Krone says.

One patient, William Conn, is an example of the successful results the cardiac catheterization team has had with the procedure. At 5:15 a.m. on July 20, this 62-year-old retired minister woke up with a severe pain between his shoulder blades. The pain did not subside, and when he collapsed on his way to the bathroom, his wife called an ambulance. Before this time, Conn had never suffered from anything





Circled is the narrowed part of a patient's artery. The center photo shows the balloon catheter as it approaches the blockage, which is successfully widened as shown in the bottom photo.



more serious than a mild case of hypertension and some fatigue.

When Conn entered the emergency room of Jewish Hospital, he was in shock, his blood pressure was low and heart rhythm abnormal. After stabilizing his condition, streptokinase, a new drug that temporarily dissolves blood clots within cardiac arteries, was infused to save the heart muscle. A complete coronary angiography was then performed in the cardiac catheterization lab to evaluate the condition of all his arteries. Although the blood clots had been dissolved, the angiography showed a 95 percent block on one of the arteries. "That's when we decided that an emergency angioplasty was an appropriate route to take," says **David Schwartz, M.D.**, director of the cardiac care unit and Conn's primary physician.

About the angioplasty he received, Conn says: "There was no pain involved and even in the intensive care unit I was feeling better." Since his return home, the healthy-looking Conn reports he has never felt better. "I didn't realize how sick I was. I just thought my fatigue was caused by overwork and not enough sleep. It was, partly, but when I fell asleep in a conference meeting, I should have realized there was something wrong." Now, per doctor's orders, Conn walks approximately two miles each day and adheres to a salt-free diet. "I feel like a new person, at least 10 years younger. It seems like I lived a miracle."

By receiving angioplasty, Conn was able to avoid emergency bypass surgery, which carries a high mortality when performed on a person in shock. "Angioplasty, which goes directly to the source of the trouble without the trauma of major surgery, is much easier on the patient and is clearly the preferred approach," Dr. Krone says. Another advantage of angioplasty is the shorter recovery rate needed for the patient. "We are talking, if all goes well, a two- to three-day hospitalization with little

A New Attack on Blocked Arteries

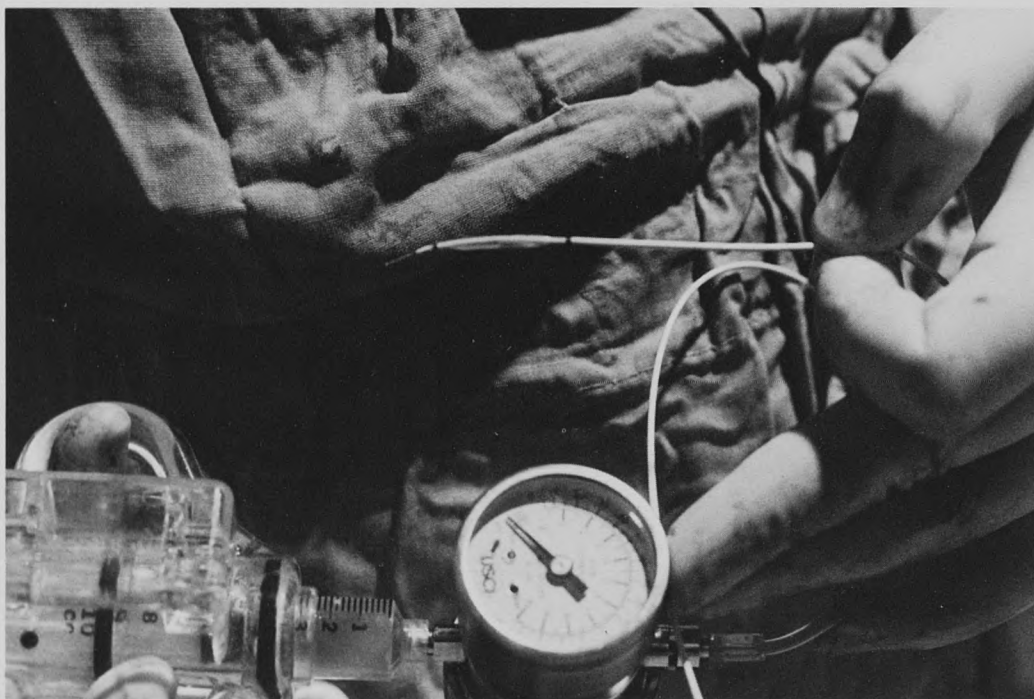
to no convalescence at home. This is opposed to a seven- to 10-day hospital stay and six- to 10-weeks of recovery after bypass surgery. The convenience and economic implications of that are obvious. The total cost of the procedure, including the physician's fee and total hospital costs, is one-fourth the cost of bypass surgery. Extra savings are incurred when one considers that a patient who receives an angioplasty on Wednesday conceivably may be back to work by the following Monday. "All these advantages mean that the man who puts off an angiogram because he fears the pain and expense of surgery, will be more willing to get his angiogram early, possibly before there has been any heart damage," Dr. Krone says. This way, Dr. Krone predicts arteriosclerosis will be detected earlier than it has been in the past.

A Cautious Approach

For all its advantages, angioplasty has met with a few skeptics. Until more is learned about the long-range effects of it, experts in the medical profession have asked that angioplasty be performed discriminately. Says Cardiologist Eugene Braunwald, M.D., in the *Medical World News*, "We want to prevent a decade or more of confusion about the powers of this latest genie," and recommends that it be kept in the bottle as long as possible. Dr. Krone explains: "To put the procedure in perspective, we must recognize that the follow-up is very short, only two to three years at most, so that the long-term value of angioplasty is yet to be determined."

The main concern is the fear that angioplasty will cause a coronary artery spasm, in which the diseased segment closes off during or immediately following the procedure. This would require emergency bypass surgery. Other gambles include those inherent to all cardiac catheterization procedures—local arterial problems and bruising at the arterial site, cardiac arrhyth-

The dilating catheter's pressure gauge insures proper inflation of the small balloon, which reaches 3.7 centimeters in diameter.




mias because of the passage of catheters through the heart and a small chance of stroke. These are very rare. In fact, the national registry data on angioplasty shows that the death rate for the procedure is less than one percent nationwide. That is about the same mortality rate as bypass surgery.

Dr. Krone and Dr. Salimi take the precaution of coordinating the procedure with the cardiac surgeons and surgical team in case the need for emergency surgery arises. "As long as risks are there, we must be prepared for them," Dr. Krone says. "Angioplasty should only be performed in hospitals with an excellent cardiac surgical program, such as the one we are fortunate to have at Jewish Hospital, so that complications which may arise can be safely dealt with."

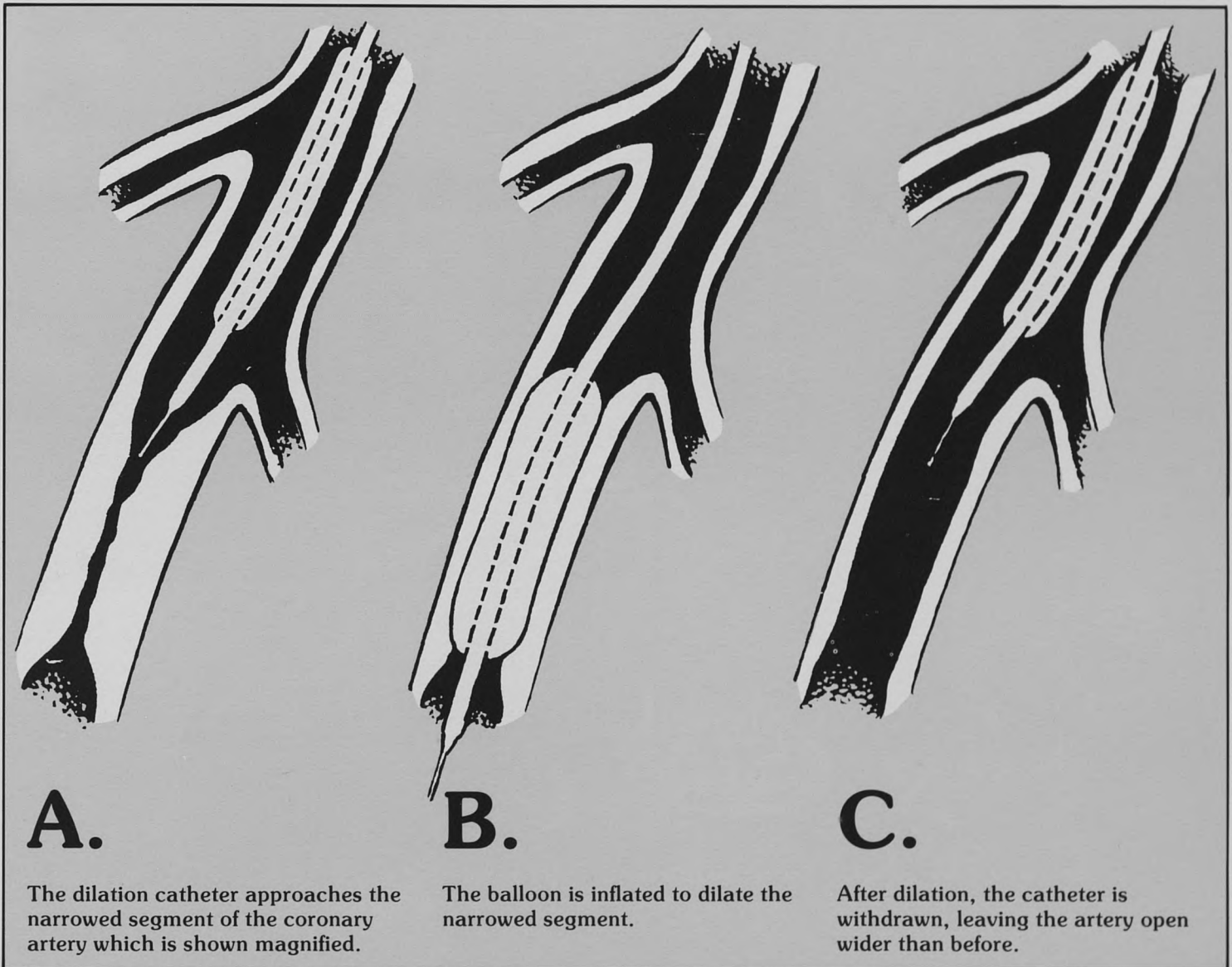
With these cautions in mind, only those patients with localized, single-vessel disease in relatively early stages of development are candidates for angioplasty at Jewish

Hospital. "That means about five to 10 percent of bypass surgery candidates will be selected," Dr. Krone says. "We anticipate that we will soon be able to perform angioplasties on patients with multiple vessel disease in certain circumstances. At the present, however, our primary goal is safety and to progress slowly in this exciting area."

While the jury is still out on the overall role of angioplasty in the treatment of coronary disease, its future looks promising. With improvements being made in catheters and techniques every day, the procedure may soon be available to people who now are not candidates. Whatever the outcome, for patients like William Conn, angioplasty is a life-saving alternative to surgery, especially when comfort, money and time are at a premium. 

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"This new technique isn't a cure for arteriosclerosis, but it does serve to mitigate its effects, return some people to a normal lifestyle and, in some cases, eliminate or delay the need for bypass surgery."





The Tribute Fund



The Tribute Fund provides research funds and appliances for patients in need.

Donations to this fund may be made by sending checks payable to The Jewish Hospital Tribute Fund, 216 South Kingshighway, P.O. Box 14109, St. Louis, Missouri 63178.

When a tribute is made, both the sender and the recipient receive an acknowledgement of the donation.

The following memorial and honorial contributions were received from August 16, 1982 through October 22, 1982. Any contributions received after October 22, 1982 will be listed in the next 216.

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Mr. and Mrs. Donald Ross (Edna Malen Scholarship Fund)
Mr. and Mrs. Robert Watel

..... **New Arrival of Michael Adam to MR. AND MRS. LARRY SAMUELS**
Mr. and Mrs. Ronnie Weinhaus (Sanford Gad Hospice Fund)

..... **Birthday of MRS. HARRY SANDPERL**
Mrs. Arthur J. Freund (Emil Tamm Memorial Fund)
Dr. and Mrs. Llewellyn Sale, Jr. (Dr. Llewellyn Sale, Sr. Memorial Fund)
Mrs. Eli Sandperl (Emil Tamm Memorial Fund)
Mr. and Mrs. Roger Schwab (Emil Tamm Memorial Fund)
Mrs. Norman Wolff

..... **Recovery of SIDNEY SCHAIKNER**
Mr. and Mrs. Dennis Berzon (Joseph Abrams Memorial Fund)

..... **First Grandchild of MR. AND MRS. EDWARD SCHAPIRO**
Mr. and Mrs. Milton Cohen (Celia & Isadore Cohen Fund)
Mr. and Mrs. Donald Ross (Edna Malen Scholarship Fund)

Tribute Fund

Donor

In Honor of

Mrs. Louis Weinstein (Shirley W. Cohen Nursing Scholarship Fund)

..... **Birthday of MISS DAISEY SCHEFFLER**
Mrs. Herbert Simon (Ira & Herbert Simon Research Fund)

..... **Special Anniversary of MR. AND MRS. IRVING SCHMUCKLER**
Mr. and Mrs. Sidney Cohen (Celia & Isadore Cohen Heart Fund)
Mr. and Mrs. Bernard Gerchen
Mr. and Mrs. Allen Lasky
Mr. and Mrs. Dan Siegel

..... **Our Golden Anniversary to MR. HARVEY SCHNEIDER**
Hascal and Gussie Schneider (Lottie & Abe Schneider Memorial Fund)

..... **Special Birthday of MRS. HASCAL SCHNEIDER**
Mr. and Mrs. Howard Cohen (Dr. Sam Schneider Enterostomy Fund)
Dr. and Mrs. Warren O. Kessler (Melvin B. Kirstein Heart Fund)
Mr. and Mrs. Louis Lippe (Harold Zager Blood Research Fund)
Melanie, Rob, Suzy and Rick Mann (Lottie & Abe Schneider Memorial Fund)
Les and Edyee Perlmuter (Lottie & Abe Schneider Memorial Fund)
Mr. and Mrs. Harvey Schneider (Lottie & Abe Schneider Cancer Research Fund)
Mr. and Mrs. Max Schneider (Lottie and Abe Schneider Memorial Fund)

..... **Special Anniversary of MR. AND MRS. HASCAL SCHNEIDER**
Mr. and Mrs. Howard Cohen (Dr. Sam Schneider Enterostomy Fund)
Mr. and Mrs. H. Feldman
Mrs. Nelson Gould (Harold Zager Blood Research Fund)
Maurice and Rachel Guller (Dr. Sam Schneider Enterostomy Fund)
Dr. and Mrs. Warren O. Kessler (Melvin B. Kirstein Heart Fund)
Mr. and Mrs. Ben Lieberman (Dr. Sam Schneider Enterostomy Fund)
Mr. and Mrs. Louis Lippe (Harold Zager Blood Research Fund)
Mr. and Mrs. Curtis Mann (Lottie & Abe Schneider Memorial Fund)
Melanie, Rob, Suzy and Rick Mann (Lottie & Abe Schneider Memorial Fund)
Mr. and Mrs. Alvin Margulis (Jackie Sue Margulis Liver Research Fund)
Mr. and Mrs. Arthur S. Margulis (Jackie Sue Margulis Liver Research Fund)
Della and Harry Margulis (Jackie Sue Margulis Liver Research Fund)
Les and Edyee Perlmuter (Lottie & Abe Schneider Memorial Fund)
Mr. and Mrs. Max Schneider (Dr. Sam Schneider Enterostomy Fund)
Martha Slotkin (Lottie & Abe Schneider Research Fund)
Mrs. J. Lewis Spiegel (Harold Zager Blood Research Fund)

..... **Special Birthday of MRS. MAX SCHNEIDER**
Mr. and Mrs. Howard Cohen (Dr. Sam Schneider Enterostomy Fund)

..... **Recovery of MRS. ROSE SCHNEIDER**
The Tuesday Club (Marilyn Fixman Cancer Research Fund)

..... **Our Golden Anniversary to MRS. SYLVIA SCHNEIDER**
Hascal and Gussie Schneider (Dr. Sam Schneider Enterostomy Fund)

..... **Birth of Daughter to MR. AND MRS. BARRY SCHNURMAN**
Mr. and Mrs. Bert Schweizer III (Helen & Walter Wolff Cardiovascular Fund)

..... **Special Birthday MRS. MARION SCHOEN**
Mr. and Mrs. Theodore Waxman (Bernard Lieberman Parkinsons Fund)

..... **New Move of Business of MR. SANDY SCHONWALD**
Madlynn and Adrian Levin (Dorothy Jasper-Rita Polinsky Memorial Fund)

..... **Special Anniversary of MR. AND MRS. JOSEPH SCHWARTZ**
Mr. and Mrs. Samuel Klein
Nita Pass (Carl Pass Diabetic Research Fund)

..... **Recovery of MRS. NETTIE SCHWARTZ**
Mrs. Dorothy Safron (Adolph Safron Cancer Research Fund)

..... **Becoming President of Cerro Copper MR. HENRY SCHWEICH**
Mrs. Max J. Lorber (William H. Schweich Fund)

..... **Special Anniversary of MR. AND MRS. JOSEPH HENRY SCHWEICH**
Mr. and Mrs. F. Bert Baer (Mr. & Mrs. F. Bert Baer Endowment Fund)
Mr. and Mrs. Morton Meyer (Dr. Llewellyn Sale, Sr. Memorial Fund)
Mrs. J.S. Schweich (William H. Schweich Endowment Fund)
Dr. and Mrs. Samuel Soule (Dr. Samuel D. Soule Research Fund)
Mr. and Mrs. Israel Treiman (William H. Schweich Endowment Fund)

..... **Marriage of KATHY SCHWEICH AND JOSH MARGOLIS**
Mrs. Max J. Lorber (William H. Schweich Fund)

..... **Recovery of MR. MAL SCHWEIG**
Mr. and Mrs. Joseph Berger (Mary Goldstein Nursing Scholarship Fund)
Mr. and Mrs. William B. Eiseman
Dr. and Mrs. Sherman LeMaster
Mr. and Mrs. Arnold Schwab
Mrs. H.B. Wittcoff

..... **Marriage of Son of DR. AND MRS. HYMAN SENTURIA**
Mr. and Mrs. Joseph Ruwitch (Joseph & Elizabeth Ruwitch Endowment Fund)

..... **Special Birthday of MRS. WILLIAM SHAMSKI**
Mr. and Mrs. Irwin Gittelman (Jacqueline Hirsch Brown Fund)
Mr. and Mrs. John Isaacs, Jr. (Eleanor M. & John A. Isaacs, Jr. Research Fund)

..... **Bar Mitzvah of Andrew son of MR. AND MRS. CLIFFORD SHANFELD**
Ann and Paul Lux

..... **Birth of Son to MR. AND MRS. JOHN SHELTON**
Mr. and Mrs. Robert Levin (Bernard Lieberman Parkinsons Fund)

..... **Special Birthday of MRS. BERTHA SHER**
Mr. and Mrs. Maurice Jackman (Mary Goldstein Nursing Scholarship Fund)

Tribute Fund

Donor

In Honor of

..... New Great Grandson Adam of MR. AND MRS. ARMOND SHERMAN
Mr. and Mrs. Abe Lieberman (Bernard Lieberman Parkinsons Fund)

..... Birth of Grandson of MR. AND MRS. HARRY SHERMAN
Mr. and Mrs. Robert L. Levin (Bernard Lieberman Parkinsons Fund)
Nita Pass (Carl Pass Diabetic Research Fund)

..... Special Birthday of MRS. JEAN SHERMAN
Jerry and Daisy Spitzer (Gordon & Margorie Scherck Endowment Fund)

..... Special Birthday of MR. KAY SHERMAN
Mr. and Mrs. Jerry Kaskowitz and Family (Mr. & Mrs. Ben Emert Kidney Research Fund)

..... New Office of MR. RONALD SHERR
Mr. and Mrs. Irving Goldstein

..... Special Anniversary of MR. AND MRS. SYDNEY M. SHOENBERG, JR.
Mr. and Mrs. Charles Berger
Mr. and Mrs. Harry Franc
Mr. and Mrs. Edward Greensfelder
Mr. and Mrs. Sam Langsdorf
Mr. and Mrs. Willard Levy
Dr. and Mrs. Llewellyn Sale, Jr. (Dr. Llewellyn Sale, Sr. Research Fund)
Mrs. Nancy Senturia

..... Recovery of MR. ED SILVERMAN
Mr. and Mrs. Joseph Berger (Mary Goldstein Nursing Scholarship Fund)
Mr. and Mrs. Daniel Breckenridge (Helen & Walter Wolff Cardiovascular Research Fund)
Mr. and Mrs. M. Erwin Bry (Lisa Bry-James Dreyer Memorial Fund)
Mr. and Mrs. Howard Cohen (Dr. Sam Schneider Enterostomy Fund)
Dr. and Mrs. Randy Hammer (Mary Goldstein Nursing Scholarship Fund)
Mr. and Mrs. Mort Hartz (Jacqueline Hirsch Brown Memorial Fund)
Gene and Betty Schneider (Harry, Gene & Murray Schneider Endowment Fund)
Sheri and Tom Schweizer (Helen & Walter Wolff Cardiovascular Fund)
Wally and Jonas Weil

..... Special Birthday of MRS. HERBERT SIMON
Helene Francis (Julian Simon Research Fund)
Mrs. Edna Malen (Edna Malen Scholarship Fund)
Rose Sheffler (Edna Malen Scholarship Fund)
Mr. and Mrs. William A. Stern (Julian Simon Research Fund)

..... Special Birthday of MRS. KAETE SIMON
Mrs. Fred Lederman
Elsie Weil

..... Recovery of MR. RICHARD SIMON
Mr. and Mrs. Melvin Friedman (Edna Malen Scholarship Fund)
Mrs. Emily Huber (LaVera Ryder Nurses Loan Fund)
Janice and Burt Karney
Mr. and Mrs. Robert Levinsohn (Edna Malen Scholarship Fund)
Mr. and Mrs. Donald Ross (Edna Malen Scholarship Fund)

..... Birthday of IRA SINGER
Mrs. Louis Weinstein (Shirley W. Cohen Nursing Scholarship Fund)

..... Special Birthdays of MR. AND MRS. JAMES SINGER, JR.
Mr. John J. Roos (Selma K. Roos Fund)

..... Special Birthday of MRS. JAMES W. SINGER, JR.
Mr. and Mrs. Charles J. Steiner (Evelyn B. Stern Nursing Scholarship Fund)
Mr. and Mrs. Millard Waldheim

..... Special Birthday of MR. SAMUEL B. SINGER
Mr. Harvey Nathanson

..... Recovery of MR. PAUL SIRKUS
Irene Margulis (Carol Kaufman Cancer Fund)
Kay O'Donnell (Middy Heart Fund)
Mrs. Edna Padnos

..... Birthday of MR. ALVIN B. SLOOFMAN
Mr. and Mrs. Leo Epstein (Irven Dubinsky Memorial Fund)

..... Special Birthday of MR. DAVID SMITH
Mr. and Mrs. Melvin Friedman (Edna Malen Scholarship Fund)
Mr. and Mrs. Richard Yalem

..... Recovery of FRANK SOLL
Jan and Seymour Krout (Bernard Lieberman Parkinsons Fund)

..... Recovery of MRS. FRANCES SOLOMON
Madlynn and Adrian Levin (Dorothy Jasper-Rita Polinsky Memorial Fund)

..... Marriage of Son of MR. AND MRS. MARVIN SOLOMON
Mr. and Mrs. Edwin Abrams (Joseph Abrams Memorial Fund)

..... Recovery of MRS. MINNIE SOLOMON
Mr. and Mrs. Nat Tucker (Cancer Research Fund)

..... Recovery of DR. SAMUEL SOULE
Mr. and Mrs. Sylvan Agatstein

..... Anniversary of DR. AND MRS. SAMUEL SOULE
Dr. and Mrs. Clarence T. Eckert (Dr. Samuel D. Soule Research Fund)

..... Special Birthday of MR. HENRY SPITZBERG
Mrs. M.O. Birk (Beany & Harry Tenenbaum Cardiovascular Research Fund)

..... Special Birthday of MRS. JENNING STEIN
Mrs. Max J. Lorber (William H. Schweich Fund)

Donor

In Honor of

..... Recovery of MR. JOSEPH STEIN
Dr. and Mrs. John Hirsch (Jacqueline Hirsch Brown Memorial Fund)

..... Marriage of Dan son of MR. AND MRS. CHARLES STEINER
Mrs. Marge Loeb (Evelyn B. Stern Nursing Scholarship Fund)

..... In Honor of MR. HARRY STEINER
Mr. and Mrs. Daniel Breckenridge (Helen & Walter Wolff Cardiovascular Fund)

..... Recovery of MR. HARRY STEINER, JR.
Esther M. Schweizer (Helen & Walter Wolff Cardiovascular Fund)
Mr. and Mrs. Bert Schweizer II (Helen & Walter Wolff Cardiovascular Fund)
Helen W. Wolff (Helen & Walter Wolff Cardiovascular Fund)

..... Marriage of Daughter of MR. AND MRS. MORRIS STERNECK
Madlynn and Adrian Levin (Dorothy Jasper-Rita Polinsky Memorial Fund)

..... Recovery of MRS. SAM STERU
Mrs. Fred Lederman

..... Recovery of MR. JACK STONE
Mrs. Dena Cohen (Dena and Julius Cohen Endowment Fund)
Gene and Betty Schneider (Harry, Gene & Murray Schneider Endowment Fund)

..... Birthday of MR. SIDNEY L. STONE
Mr. and Mrs. Edward Schapiro

..... Recovery of MR. JOSEPH STRAUSS
Beverly Rosen

..... Recovery of MR. LEON STRAUSS
Cynthia and Harvey Frohlichstein (Ruth W. Portnoy Memorial Cancer Fund)

..... Recovery of MR. DAN SUSMAN
Dr. and Mrs. Stephen Snitzer (Dr. David Rothman Fund)

..... Recovery of MRS. ETHEL TABACKNIK
Dorothy Safron (Adolph Safron Cancer Research Fund)

..... Recovery of MR. LEON TANNENBAUM
Al and Irene Hyman (Marilyn Fixman Cancer Research Fund)
Charlotte and Ralph Sherberg

..... Recovery of DONNA TENENBAUM
Mr. and Mrs. Marty Hendin (Diana Rosen Recreational Therapy Fund)

..... Arrival of Daughter Lindsay to MR. AND MRS. MARC TENZER
Mr. and Mrs. Arthur Bierman (Saul & Rebecca Rubin Cancer Fund)
Mr. Paul Blank (Jerry Kaiser-Irma Blank Cancer Fund)
Selma and Elmer Gidlow
Mr. and Mrs. Kenneth Langsdorf (Langsdorf Fund for New Americans)
Mr. and Mrs. Bert Schweizer III (Helen & Walter Wolff Cardiovascular Fund)
Mr. and Mrs. Les Sherman (Carl Kaufman Cancer Fund)
Mr. and Mrs. Les Weil (Carl Pass Diabetic Research Fund)

..... Recovery of MR. NAT TUCKER
Mr. and Mrs. Harvey Friedman (Droismae Friedman Rehabilitation Library Fund)

..... Special Anniversary of MR. AND MRS. HARRY TURKEN
Sidney and Phyllis Goldberg (Hortense Lewin Scholarship Fund)

..... Special Birthday of MR. JACK TZINBERG
Mr. and Mrs. Jake Altman (Milton E. Kravitz Memorial Heart Fund)

..... Recovery of MRS. DOROTHY VITTERT
Tess Chautin (Cancer Research Fund)

..... Mr. and Mrs. Newton Frankel (Dr. Sam Schneider Enterostomy Fund)
Mr. and Mrs. Hyman Kaufman (Carol Kaufman Cancer Research Fund)
Leslie and Marilyn Kaufman (Carol Kaufman Cancer Research Fund)
Dr. and Mrs. Jerry Meyers (Carl & Esther Heifetz Memorial Fund)
Leonard and Shirley Pearl (Dr. Sam Schneider Enterostomy Fund)
Mrs. J. Lewis Spiegel (Harold Zager Blood Research Fund)
Dr. and Mrs. Bruce White (Dr. Sam Schneider Enterostomy Fund)

..... Special Birthday of MR. GUS VITTERT
Mr. and Mrs. Newton Frankel (Dr. Sam Schneider Enterostomy Fund)

..... Special Birthday of MRS. ALBERT WACHENHEIM
Mr. and Mrs. Millard Waldheim

..... Marriage of Son John of DR. AND MRS. HELMAN WASSERMAN
Mr. and Mrs. Willard Mange (Sanford Gad Hospice Fund)

..... Birth of Son Jonathan of MR. AND MRS. SHELDON WEINSTEIN
Mr. and Mrs. Gerald Padawer (Alan & Nancy Stein Research Fund)
Mr. and Mrs. Bert Schweizer III (Helen & Walter Wolff Cardiovascular Fund)

..... Recovery of MRS. ROBERT S. WEINSTOCK
Mrs. Emil Tamm (Emil Tamm Memorial Fund)

..... Recovery of DR. RENATE DOHRN WEISMAN
Mr. and Mrs. Harvey Frohlichstein (Ruth W. Portnoy Memorial Cancer Fund)

..... Recovery of MR. HARRY WILENSKY
Mr. and Mrs. Benjamin Shapiro (Mr. & Mrs. Ben Emert Kidney Research Fund)


..... Recovery of MR. ALLAN WILLARD
Bernice Grossman (Milton Moss Cancer Research Fund)

..... Recovery of MRS. CONRAD WOLFF
Mr. and Mrs. Irving Goldstein

..... Recovery of MR. JOHN WOLFF
Mr. and Mrs. Jules Pass (Carl Pass Diabetic Research Fund)

..... Special Birthday of MR. SAUL WOLFF
Jean Horen (Dr. Sam Schneider Enterostomy Fund)
Mr. and Mrs. Benjamin Shapiro (Heart Research Fund)

Calendar of Events

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- December 1** **Medical Staff Association:** Evening education program on psychiatry. Evening grand rounds program designed to provide easily accessible continuing education to members of the medical staff. Third in a series of five for the 1982-83 season. Speakers: Jay Liss, M.D., and Theodore Reich, M.D. Medical, house, nursing staffs and medical students. 6:30 p.m., Steinberg Amphitheater. No charge, reservations required. 454-7109.
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- December 2** **School of Nursing Open House:** Tour of school and hospital for those interested in a nursing career. 7 to 9 p.m., in the school residence. Open to the public. Call 454-8694.
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- December 8** **Grandparents Refresher Course:** For expectant grandparents to learn the newest techniques and theories in infant care. 10 a.m. to noon. By reservation only, call 454-7130.
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- December 10** **Mended Hearts:** Support group for persons needing or having had open heart surgery. Topic: Estate Planning & Tax Tips; speaker: Frederick O. Hanser. 7:30 p.m., Brown Room. Open to the public. No charge. For more information call 454-7175.
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- December 13** **Super Sibling Program:** For children ages 2½ to six and their parents, during the third trimester of pregnancy, to help the family adjust to the expected baby. 10 to 11:30 a.m., by reservation only. Call 454-7130.
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- December 22** **Associates In Medicine Board Meeting:** Cocktails, dinner. Brown Room. Members only. Call 454-7239.
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- January 10** **Super Sibling Program:** For children ages 2½ to six and their parents, during the third trimester of pregnancy, to help the family adjust to the expected baby. 10 to 11:30 a.m., by reservation only. Call 454-7130.
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- January 12** **Associates In Medicine Wine & Cheese Program:** 7:30 p.m., Brown Room. Guest speaker: Norman Druck, M.D., will speak on "Hearing and Hearing Loss." Complimentary refreshments, reservations required. Call 454-7239.
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- January 14** **Mended Hearts:** Support group for persons needing or having had open heart surgery. Topic: "Diets and Dieting"; speaker: Karen Weaver, R.D., J.H. dietician. 7:30 p.m., Brown Room. Open to the public. No charge. For more information call 454-7175.
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- January 26** **Medical Staff Association:** Evening education program on breast cancer. Evening grand rounds program designed to provide easily accessible continuing education to members of the medical staff. Fourth in a series of five for the 1982-83 season. Speakers: Alan Lyss, M.D., Gordon Philpott, M.D., Robert McDivitt, M.D. Medical, house, nursing staffs and medical students. 6:30 p.m., Steinberg Amphitheater. No charge, reservations required by Jan. 24. 454-7109.
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The Jewish Hospital Auxiliary's Gift Gallery celebrated its 30th birthday Oct. 20 with a 20 percent mark-down on everything in the shop. The occasion came about when someone ran across an issue of the 216 in which the opening of the gallery was announced. The editor of that 1952 publication was David A. Gee, who as president, was given the honor of cutting the birthday cake. Phyllis Langsdorf, left, auxiliary president and Letty Korn, Gift Gallery chairman, look on.



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